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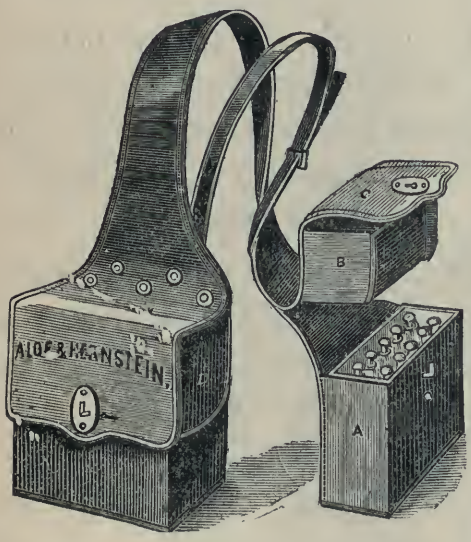

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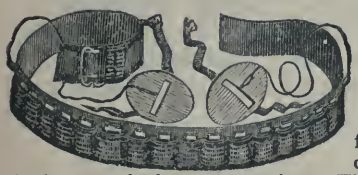

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It has come to our knowledge that certain articles extensively advertised as "pure" and "genuine extract of malt," are composed chiefly of the substance called GRAPE SUGAR OR MALTINE, which, as is well known, is the product of the action of sulphuric acid upon starch subjected to a high temperature. This artificial grape sugar or glucose which is extensively manufactured from corn starch, is now being used in immense quantities, instead of ordinary cane sugar, in the sophistication of confectionery, sugar-house syrup, "strained honey," native wines, and canned fruits, and by some brewers in the manufacture of beer and ale. The cheapness of this artificial product of Indian corn, constitutes the chief inducement for this species of substitution for barley malt and cane sugar.

Again, an extract of malted grain is manufactured for the purpose of obtaining *diastase*, which, (simple and variously combined) is much used in medicine. The appearance of the extract is but slightly changed by being deprived of this important constituent, although, it is unnecessary to add, that its value as a medicinal agent is thereby greatly impaired. Nevertheless, this very substance, which is little more than refuse material, in the manufacture of diastase, is now being offered for pure malt extract.

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ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, AUG., 1879. NO. 5.

Original Communications.

ON TRACHEOTOMY WITH THE GALVANO-CAUTERY.

Membranous Croup; Lime-Water as a Solvent of Croupous Membrane.

BY WILLIAM A. BYRD, M. D.

A great many physicians who have never seen the operation of tracheotomy greatly under-rate its dangers.

That accomplished surgeon, Prof. W. W. Dawson, of Cincinnati, recognizing the danger to the patient from such operators "rushing in where angels dare not tread," in a clinical lecture on "Bloodless Tracheotomy," in the *Hospital Gazette*, for June 14th, 1879, page 226, uses the following language when speaking of the dangers of the operation: "Following the guidance of your text-books, gentlemen, you will regard this as one of the simplest and most satisfactory operations in all surgery. You are told to make an incision through the skin, and then all that lies between you and the trachea is the cellular tissue and a few unimportant veins, through which you may cut with impunity; open the trachea and insert the tube or commence your search for the foreign body. This is a great mistake. There is no operation which the surgeon so much dreads. At least this has been my experience. You imagine the case is simple, the neck long, the patient lean, and expect to find easy access to a superficial trachea. After dividing the integument you cut into the cellular tissue, and to your surprise and horror you find the trachea low down and covered by a mass of veins, rendered thick, turgid, almost varicose, by the impeded respiration. You cut, tie and tear your way along, and when you hope to open into the trachea, find yourself at the bottom of a deep, bloody well, with a constantly-moving tube to open. It is for this reason that I have given up all cutting from the time of dividing the integuments until the trachea is reached. Then, too, I operate high up. If the isthmus of thyroid is in my way, I push it aside, if possible, and if I cannot do this, I double ligate and divide it. My incision is made into the first two rings of the trachea, thus avoiding all danger to the great vessels at the root of the neck."

Having had bleeding to seriously endanger the lives of my patients in several of the tracheotomy operations that I had performed, it was with no little pleasure that I read of M. M. Poinsot and Mauriac, (*Monthly Abstract*, May, 1877, page 225), using the thermo-cautery of Paquelin to divide the tissues. I find, also, (*Monthly Abstract*, May, 1878, page 223), that M. Verneuil had employed the galvano-cautery for the same purpose as early as 1872.

Although secondary hemorrhage has occurred after this mode of operating and has been urged as an objection to it, I believe that it is not liable to occur, or become formidable, if the high operation is performed and proper precautions are taken with the isthmus of the thyroid gland and

in the means to hold the wound in the trachea open.

The evening of April 6th, 1879, I was called to see Willie Gibbs, a bright little fellow, aged two years and four months. Found him with slight fever and an occasional croupous cough. Gave an emetic of turpeth mineral and left some quinine powders, one grain to be given every three hours, with inhalations every hour of lime-water atomized, also ordered a warm bath and paregoric in twenty-drop doses every hour until the restlesness should be relieved.

Somehow, although the symptoms were not of the most alarming nature, I felt that tracheotomy would be necessary and should have advised it immediately if it had been day-light. I have never yet seen a case of true membranous croup get well, and I think many of the reported cures with medicine have been cases where there has been an error of diagnosis. In every case where I have performed tracheotomy the improvement has been marked for a while, giving time for medication, which, failing, an easy, non-struggling death closes the scene.

Early in the morning of April 7th, I found the child becoming cyanosed and every way worse. Called Dr. M. F. Bassett in counsel. He decided with me that an operation was necessary, and that immediately.

I returned to my office for my galvano-cautery battery and instruments, and on my way called Drs. Jacob A. Wagner and Edward Montgomery to assist us.

The child was placed on a table, chloroform administered, and with the heated loop I made an incision through the skin and cellular tissue over the cricoid cartilage, exposing the trachea and the isthmus of the thyroid gland, I then opened the trachea with a curved bistoury. When opening the trachea I accidentally cut one of the superior thyroidal arteries, which caused some hemorrhage, which was speedily checked by ligating on either side of the cut, including the isthmus in the ligatures.

I tried to hold the wound in the trachea gaping with metallic ligatures, as recommended by Dr. Henry A. Martin, of Boston, and as used by myself in a successful case of tracheotomy reported in the Philadelphia *Medical and Surgical Reporter* for Dec. 14th, 1878, but the wound was so deep, and the child rapidly becoming moribund, I inserted a silver tube instead. By this time the child was apparently dead, but we quickly inverted the body and Dr. Bassett injected a drachm of whisky under the skin of the thigh, which acted almost instantly, causing him to become conscious, with the breathing much easier than before the operation. The operation was finished at eight o'clock, A. M.

A spray of lime water was thrown through the tube every fifteen minutes or half an hour, according as the breathing became labored. Internally, he was given a solution of chlorate potassa every hour with one grain sulph. cinchonidia every three hours. For nourishment, Valentine's meat juice was given, as he would not take milk.

No membrane was detached or extracted at the time of the operation. Occasionally, afterwards, bits half as large as the finger nail would be coughed up through the tube. About four o'clock in the afternoon, while Dr. Montgomery was watching—he and Dr. Wagner very kindly watched the case turn about with myself after the operation—the breathing became so obstructed from detached membrane blocking the tube that the Doctor took the tube out to clean it, and finding some difficulty in replacing it, sent for Dr. Curtis, whose office was just across the street, to assist him in returning it. The Doctor kindly came, but Dr. Montgomery had suceeeded in replacing the tube before his arrival.

Returning shortly after this I found the tube again becoming occluded and took it out and divided the next lower ring

of the trachea, to enlarge the opening, and inserting a pair of forceps in the trachea, seized and withdrew a piece of membrane about three inches in length, being a complete cast of the trachea and the beginning of the bronchial tubes. I threw it in a large basin of water and kept it there for nearly two hours, during all of which time it remained tough and apparently unchanged. I then placed it in about a tablespoonful of lime water, when in ten minutes it was thoroughly dissolved, the water looking like thin brownish gray soup.

After the removal of the membrane the symptoms became better, until towards morning, when, becoming worse, the spray was more freely used, thus causing the cough to increase and the washing of the membrane by the succussion of the cough causing the lime water to flow back and forward over it, dissolved it, and procured the expectoration of quantities of the solution, resembling in every way the solution formed by dissolving the membrane outside the body.

Before the withdrawal of the membrane the breath had a very fœtid odor which disappeared afterward.

The spray gave relief for awhile, but in the forenoon he showed greater evidence of septicæmia and he died comatose at 1 P. M.

Although the child had never seen me before I was called to see him for this sickness, he received such relief from the operation that he was unwilling to have any one else hand him a drink or do anything else for him when I was in the room, after the operation, until within a few hours of his death, when he turned to his mother for everything.

Tracheotomy with the galvano- or thermo-cautery when properly performed is undoubtedly almost bloodless as those who introduced it claim for it. It also leaves a gaping wound easy to introduce the tube through, and the divided surfaces present an eschar as a barrier to the absorption of septic matter and as a preventive of the formation of membrane upon the wounded surface, in which it is superior to any other operation.

For the extraction of foreign substances or where there is no membrane forming; as in membranous croup or diphtheria, Prof. Dawson's operation would perhaps be preferable.

The greater number of prominent surgeons I have conversed with upon this subject prefer the high operation, as it avoids danger to the large vessels at the root of the neck, especially in those rare cases where they cross the trachea high up.

Dr. Prince, of Jacksonville, operates high, double ligating the isthmus, and dividing between the ligatures both isthmus and trachea, excising a semilunar piece from one side of the tracheal opening, tying the ends of the ligatures behind the neck to hold open the tracheal wound; in other words, performs Brainard's operation.

This mode of holding the wound in the trachea open, or that of Dr. Henry A. Martin is superior to the use of the tube, in that the tube cannot become clogged with detached membrane or mucus, thereby endangering the life of the patient as it did in this case, nor can it cause ulceration into the large vessels at the root of the neck causing fatal hemorrhage, as in a case reported in the London *Lancet*, American reprint, for May, 1879, page 298, by Mr. H. Royes Bell. Neither can the trachea fill up with granulations above the opening, as sometimes happens when the tube is used.

It cannot now be urged that the cautery can only be used in large cities or hospitals, since batteries are made so compact and portable that one with the necessary fluid, and other requisites can be put in a small wooden valise and taken any distance, over almost any kind of a road. It does not take five minutes to unpack the instrument and get it in good working order.

Quincy, Ill., July, 1879.

RHUS GLABRUM.

BY H. C. BARNARD, M. D.

I propose, with your permission, to give my experience in the new uses to which I have put this old remedy—new, at least so far as my information extends. I will only mention some of the various diseases in which I have successfully employed it, before I report the cases that more immediately are the cause of this communication. I am constantly in the habit of using it in leucorrhœa, gonorrhœa, infantile diarrhœa, nasal catarrh, etc., while I know of no remedy superior to it in colliquative sweats, or a cold inactive skin, with or without rigors.

Observation of its effects had led me, theoretically, to believe it might be of use in diabetes, and for months I patiently waited my chance, and the results have seemed so wonderful, I will, from my note book, give my experience with it in this disease, that others who have greater opportunities, may correct or confirm me.

Case I.—April 8, 1879, called to see Mr. W. S., aged seventy-four years. Had been under homœopathic treatment for six weeks without relief. Has fever all the time, but higher each evening; very much reduced; could get up, but felt disinclined to do so; pulse 135, hard and irregular; tongue large, slightly furred and looked as if scalded; skin dry and cold; is passing six quarts of water in twenty-four hours, is up every two or three hours day and night for this purpose; great thirst, little or no appetite; complains of a sweetish taste; is very drowsy and irritable; bowels constipated, have not moved for four days; urine gives evidence of plenty of sugar. Diagnosis, diabetes mellitus. Prescribed tinct. iron, cathartic pills at night, to be repeated in morning if needed; also the following:

℞ Tinc. verat. vir. - - - f ℥i;
Ext. rhus. glab. fl. - - f ʒss;
Aquæ - - - - - - - - f ʒijss.
M.

Ordered a teaspoonful four times a day. Gave directions as to diet usual in such cases. April 12, saw him. Is feeling better, up and around, eats well, bowels moved freely, but little fever; tongue slightly coated, and shows more color; not so much thirst; passes only one quart of water in twenty-four hours, not up at night at all; fells stronger; mind clear and no stupor; pulse 80, full and soft, skin warm and not so dry. Continued treatment for ten days longer, when he pronounced himself well and quit treatment. Has remained in good health to date.

Case II.—Mr. I. B., aged sixty-nine consulted me about having to pass so much water, being up often at night for weeks; had pains in back and head, was weak, no appetite, bowels costive, felt dull and was greatly emaciated. Did not analyze the urine, but put him on same treatment omitting the verat. virid. Called in a week for more medicine. Claimed he was much better, and in one week more was dismissed well.

Case III.—Young man, twenty-eight years old, had been in feeble health for some time, and who, after several weeks of treatment with but slight improvement, called my attention to the fact that he had to get up several times at night to pass water, and that he passed more than a gallon in a day and night. Urine contained plenty of sugar and left no doubt as to the trouble.

℞ Ext. rhus. glab. fl. - - f ʒss;
Aquæ - - - - - - - - ʒijss.
M.

Teaspoonful four times a day. Under this treatment he rapidly recovered and pronounced himself well in three weeks.

In none of these cases was any other remedy used, and although the time elapsed is too short to make them of much value, none have had any return as yet.

Charleston, Ill., July, 1879.

NOTE ON LIQUOR POTASSÆ BROMO-ARSENITIS.

BY LOUIS BAUER, M. D., M. R. C. S., ENG., ETC.

Many years ago, not less than thirty, I met with the recommendation of an eminent physician of Frankfort on the Maine (Dr. Clemens) of the above named preparation in some German medical journal. Dr.

Clemens spoke of the virtues of this perfect chemical combination in the highest praise, particularly in nervous affections, as a preventive of intermittent fever and as a valuable remedy in chronic diseases of the skin, without specific character. I was so favorably impressed with the commendation that I have ever since used it in preference to Fowler's solution, and with results fully satisfactory in suitable cases.

The making of this preparation takes several days. In the beginning it is colored yellow by the excess of bromine present. It gradually clears to a perfectly white liquid, and is then much more agreeable to the taste. Its maximum dose for adults is five drops, and these should be diluted in a tumblerful of water and taken at the end of a meal, upon a full stomach, three times a day. As soon as gastric irritation appears the dose should be reduced or the use of the remedy suspended for a few days, to be resumed in smaller doses, and gradually increased.

Heretofore Messrs. Chas. Habicht & Co. and A. A. Mellier, of this city, have kept this preparation at my disposal. In order that physicians and druggists at large may have the benefit of so excellent a remedy, the formula for its preparation is herewith presented:

℞ Potassæ carbonatis.....
Acidi arseniosi.....*aa* ʒj;
Coque cum aqua destillata f ʒviii; ad perfectum solutionem, refrigeate, adde aquæ destillata q. s. ad remanantium f ʒxii, et adde gradati brominii f ʒii. D. S.—The mixture should be protected from the light and kept in a cool place.

519 Pine street, St. Louis.

[Note.—We have observed excellent results from the use of this preparation, and would commend it to the profession. In chronic malarial affections, especially those in which the nervous system is involved, we have reason to believe it will be found of peculiar efficacy. We shall be glad to publish results obtained in our columns.—Ed. Record.]

Clinical Reports.

NARCOTISM FROM NUTMEG.

BY WM. H. BARRY, M. D.,
Ex-President Arkansas State Medical Association.

Mrs. N., aged thirty-eight, mother of four children, was confined on Sabbath morning, June 29, 1879, at nine o'clock. The child was a girl, and the largest I have ever seen; weight fourteen and one-half pounds. Labor natural and easy. Had a light spasm after the last pain. The spasm was hysterical. On the 30th the "old women" persuaded her to take nutmeg tea. One and a half nutmegs were used in making the tea and she drank it during the day.

About ten P. M. she began to get drowsy. By four o'clock the next morning she was in a profound stupor. At ten A. M. the narcotic effects of the nutmeg began to die out, and by four P. M. she had pretty well recovered. The symptoms were about the same as those produced by opium and the remedies were the same.

I mention this case for the reason, that nutmeg are in such general use as a condiment, that we may lose sight of their dangerous narcotic tendencies. In twenty-one years' practice I have never seen such a case before, and if I had ever known that the nutmeg possessed such properties, it had completely escaped my memory, and for fear some of our numerous professional brethren may be in a like condition, I have deemed it proper to mention this case.

Little Rock, Ark.

REMARKABLE SEQUELÆ OF FRACTURE OF THE RIBS.

BY BENJAMIN WOODWARD, M. D.

In the year 1854, Mr. P. C. F. was a hale, vigorous man, acting as sheriff of Wyandott county, Kansas. He was thrown from his horse, which fell on him, breaking three ribs, the fifth, sixth and seventh.

The fracture of the fifth was two inches from the sternal cartilage, those of the sixth and seventh were two inches behind or posterior to that of the fifth. Though able to attend to his office, he suffered from pains in the side till 1874, when I first knew him. Since that time he has had more or less dyspnœa with the pain in the side, but continued to attend to business for the railroad, which employed him till about three weeks prior to his death, which took place in May, 1879. The last few days he suffered exceedingly from spasms of the heart and dyspnœa.

By the courtesy of Dr. Hamil, his attending physician, I was present with others at the *post-mortem* examination the day after his death. Upon removing the sternum, the heart *in situ* seemed to cover nearly the whole of the anterior portion of the chest. The pericardium contained nearly or quite a pint of serum. The ascending aorta was enlarged to rather more than two and one-half inches in diameter; the pulmonary artery was also greatly enlarged. Attempting to remove the heart, it was found to be bound down by fleshy growths to the costal pleura, and the left lung was also adherent so that it had to be torn loose. Neither of the lobes of the lungs was diseased to any great extent. The heart was nearly double its normal size. The mitral and tri-cuspid valves were shrunken and hard. Laying open the ascending aorta, its walls were found thickened, soft, and seemed nearly ready to give way. As I passed my hand into the thorax to raise the lung and heart, it came in contact with what felt like a bony arch starting from the ribs, and its convex surface directed upward pressing the heart and lung up towards the anterior aspect of the thorax, and to which the left lobe of the lung was adherent by a strong fleshy growth. After the contents of the thorax were removed, this arch looked like false ribs inside the natural ribs, and it was found to have started from three ribs, the fifth, sixth and seventh, at the points where they had been broken, and in order to remove it the ribs were cut through above and below. The growth was also adherent to the spinal column, and was about five inches long and from an inch at the anterior end to two inches wide where it was adherent to the spine.

It was found that the ribs, where they had been broken, had united and healed completely so that the growth was an exostosis. The whole of the concave surface was filled with a hard, fleshy (or rather tending to cartilaginous) growth. It is impossible to describe the shape, for it was irregular, not only in outline, but in thickness.

Here was a complete explanation of the dyspnœa and of the severe spasmodic pain in the heart, and doubtless the pressure against and beneath the heart caused the thickening and enlargement of the aorta and pulmonary artery, as well as the destruction of the valves.

Dr. Lester, of Kansas City, who assisted at the autopsy, has the specimen. It is by the kindness of Dr. Thos. Hamil, who attended Mr. F. and conducted the *post mortem* examination, that I am allowed to report it for the Clinical Record.

Olathe, Kansas.

Translations.

(Translated for the Clinical Record.)

Osteomyelitis.—This subject continues to occupy the attention of European surgeons. Professor Theodore Kocher, of the University of Berne, is the latest essayist on this topic.* His article is diligently elaborated and comprises in great completeness every point of interest connected with this remarkable disease. In addition to a careful compilation of the labors of previous investigators and a most valuable clinical analysis, he furnishes the results of

*Deutsche Zeitschrift der Chirurgie, Bd. xi. Heft. 3 & 4. Leipzig, 1879.

a series of pathological experiments instituted by himself with a view of artificially exciting acute osteomyelitis in dogs and obtaining points of comparison. It needs scarcely to be stated, that the experiments were made with due precaution; with materials supposed to be at the causal foundation of this disease, namely: organic substances in a state of putrescence and charged with micro-organisms in abundance; with proper instruments and in susceptible localities (epiphyses of cylindrical bones).

The effects thus produced were, however, negative, with the exception of one case, in which the dog had been likewise fed with the same material. In this instance, marked pathological changes were evoked, such as belong to the highest grade of acute osteomyelitis, familiar to the professional reader.

[Translator's Note.—This is all very well, but when Prof. Kocher treats us at last to a dish of his therapeutical views, we are unable to "stomach" it.

It appears that Listerism has completely deranged the fundamental principles of surgery of the author, when he ignores the solid maxim of "*ubi pus ibi evacua*," allows his cases to run rampant through their stages and at last suggests the total exsection of the *interesting pathological specimen*.

Few cases of osteomyelitis will arrest themselves of their own accord. Unless a free outlet is given to the intra-osseal infiltration and morbid products by the trephine, the disease will, as a general rule, progress to its bitter end, gradually involving the bone, the periostium and the surrounding soft parts, and thus placing life in jeopardy. If the diagnosis is clearly established, we do not know what can possibly be gained by procrastination of so harmless an operation, which at once relieves the internal pressure and allows the escape of transuded and necrobiotic material, besides, all those most aggravating symptoms, that torture the patient and reduce him to a skeleton in a comparatively short time, are removed.

Verily, it is bad enough if we are forced to cope with so advanced a destruction, as *un fait accompli*, but to bring it studiously about seems to be indefensible.

But the author does not stop here. When the entire extremity has become extensively diseased and matter has burrowed in every direction, then he resorts but to aspiration or simple incision for fear of "grave infection and sepsis."

Again Banquo's ghost sits in a mist of carbolic acid on the professorial chair.

Comparing the modern therapeutical maxims advanced by men like Prof. Kocher *et alias*, with those of our surgical ancestry, we are in the dilemma either of apprehending something radically wrong and subverting in Listerism, or of looking upon our sires as little better than whippers-in of the undertaker.—Louis Bauer.]

Memory.—(*Le Progrès Médical*, 19 July, 1879) M. Delaunay read a communication upon memory studied under diverse biological conditions, at the session of the Biological Society of Paris, of July 12th. His data were derived from teachers, tutors, professors, examiners and theater prompters.

The inferior races of men, Negroes, Chinese, etc, have more memory than the superior. The primitive races, who do not know how to write, have an incredible memory, and for centuries transmit in this way hymns more voluminous than the Bible. Prompters and professors of declamation know that women have more memory than men. French women learn foreign languages more quickly than their husbands. Adolescents have more memory than adults. Memory is greatly developed in children, attains its maximum at fourteen or fifteen years, and then decreases. Feeble, lymphatic individuals have more memory than the vigorous. Collegians who, in the higher classes, obtain the prizes

for memory and recitation, take these only. Parisian students have less memory than those from the provinces. At the normal schools, at Val de Grâce and elsewhere, those students who have the best memory are not the most intelligent. Memory is more developed in peasants than in denizens of cities, more in ecclesiastics than in the laity. Memory remains intact in diseases of the left lobe of the brain, and is greatly affected in those of the right lobe; which proves that the right lobe has more memory than the left.

From a physiological point of view, memory is diminished by alimentation, by physical exercise and by education in the sense that the illiterate have more memory than those who know how to read and write. We have more memory in the morning than in the evening; in summer than in winter; in hot countries than in cold climates. Hence, to a certain extent, memory is in inverse proportion to nutrition. Moreover, it is in inverse proportion to evolution, for it is at its maximum in individuals little advanced in evolution: inferior races, women, children, the feeble, in the right lobe of the brain. In conclusion, according to Mr. Delaunay, there is an evolution of memory which is at first sensorial or verbal, and, finally, intelligent; but memory, properly speaking, diminishes in the course of this evolution.

Dilatation of the Heart from Digestive Troubles.—(*Journal de méd. et de chir. pratiques*, July, 1879) M. Potain frequently lays stress upon a cause of cardiac palpitation and even of dilatation which often passes unperceived or is misconstrued; this is simple dispepsia or rather an affection of the liver and stomach. In fact, in dyspepsia the symptoms may be manifested in the way of the innervation of the pneumogastric, and determine dyspnœa and palpitation. The dyspnœa is often accompanied by the so-called gastric cough, and is, most often improperly, attributed to the distension of the stomach. The true causation belongs to a certain degree of irritation of the pneumogastric which leads often to palpitation likewise. These palpitations of dyspeptic origin are, perhaps, those that we have occasion to observe most often; they are even sometimes accompanied by cardiac dilatation, a dilatation in fact, that may be met with whenever the stomach or liver is affected. M. Potain has observed numerous examples of this. A woman is now in his service who has a persistent gastric derangement, she complains especially of palpitation and oppression. A considerable dilatation of the heart may be demonstrated to exist in this case, a dilatation that appears to be caused by the gastric trouble and which will probably disappear with the latter. This fact has a great importance, for the case ought to be treated as one of gastric derangement, while if we give digitalis we shall only aggravate it. In another patient the same symptoms are found related to hypertrophy of the liver; the heart being voluminous because of the dilatation of its right cavities; there is no valvular affection. On the other hand, the lungs are perfectly healthy and in no way connected with the cardiac dilatation. Hence, it must be admitted in these cases that the diseased liver, like the stomach, reacts upon the functioning of the right heart and operates in this way.

Correspondence.

"*THERMAL-PARESIS.*"

Editor St. Louis Clinical Record:

Dear Doctor:—I desire to thank you for your courteous and candid review. There are a few points presented in it, however, which, it seems to me, require a reply. If a reading of the book gives the impression that the writer is "an enthusiast" in the sense of hobby-riding it is both incorrect and unfortunate. Any unusual

earnestness that may be displayed springs from a profound conviction of the truth (or at least a close approximation to the truth) of the positions advanced. In regard to the question of a "heat-regulating center" it is stated "the heat of body being regulated most probably through the sweat-center of Nawroki, etc." The sweat-centers and the process of sweating are a part of the heat-regulating mechanism, affecting its elimination from the body, reducing its temperature. When there is a low atmospheric temperature this process is not required, but its opposite, increased heat generation. Now, it is admitted that there are sweat centers, cooling centers, and it can also not be doubted that there is increased heat production under certain conditions,* ex. qr. in derangements of the spinal cord, irritation of the cervical sympathetic, and also, in cold weather. It is surely not probable that this increased heat-production is a haphazard matter, without any control or regulation. The vaso-motor, respiratory, trophic, sweat, and temperature centers are no doubt associate or correlate centers. The new term was coined in the hope of impressing, more fully, the views of the writer upon the mind of the reader, and for the purpose of clearing the mind from the idea of a specific material poison. When the conception of the views advanced shall have become complete the new terms may not be necessary. It is, however, difficult to dissociate an old definition from its term and adopt a new one in its place.

It is maintained that "high solar heat long continued" is alone sufficient to produce paresis (See page 40).

Reverse excitations, hot to cold and cold to hot, when sufficiently continued to make full impressions, excitations, no doubt, produce the paresis more surely and promptly.

The fact of free pigment granules in the blood, spleen, liver, etc., is given as an objection to the heat theory. Since free pigment, altered hæmoglobin hæmatoidin is *a product of disease and not a cause of a primary disease*, its *occasional* presence in the blood in the so-called malarial diseases cannot be held as an objection to the theory of heat paresis.

The formation of hæmatoidin in scurvy, exophthalmic goitre, bronzed skin disease and many other affections is no doubt due to the same cause as in the malarial diseases. It is well to bear in mind that many cases of the disease in question occur without any blood pigment, and that when pigment is found it frequently continues present long after all malarial symptoms have abated, and that there may be melanæmia without developing any symptoms of malarial disease. "All true pigments are derived from the coloring matter of blood." Mechanical congestion and stasis with deranged innervation of the vessels is no doubt an important factor in the production of pigment.

"There have been no chemical compounds discovered * * * that do not occur in the progress of other diseases" (page 72). It is safe to go further—there has not been anything found in the blood of malarial patients that is not found in other diseases (See Ziemssen's Cyclo., Vol. II, pp. 582, 586, Oldham and others). Prof. J. K. Mitchel (whose memory I reverence as one of my teachers), probably the original promulgator of the cryptogamic theory, did not undertake to specify the kind of micro-organism which he supposed to be the cause of these diseases. It was to him the most plausible theory. But since the discovery of the fact that algæ and their spores are extremely common in many localities where the malarial diseases are unknown, and so also of fungi and their spores, and since these micro-organisms have been, purposely and accidentally, many times, introduced into the system without producing these diseases, the time

* See Bernard, Brown-Sequard, Hanfield Jones Ott, Fothergill, also Ziemsen's Cyclop. Vol. II, p. 632, Vol. XIII, pp. 127, 128, Vol. XIV, 85 to 99, and Vol. XVI, pp. 235, 237.

has arrived when the theory of "cryptogamic spores" as the cause of malarial diseases must be abandoned. Dr. Hammond refers, approvingly, to the experiments of Lanzi and Terrigi; in regard to these experiments it is certainly enough to know that the experimentors were not attacked by malarial disease from their pet spores. Dr. H., also, very strangely overlooked the fact that pigment granules and cells are very commonly found in abscesses; in fact, whenever there is stagnation and extravasation of blood, whether the patient had ever suffered from malarial disease or not.

The statement that "the Rocky mountain fevers are due to the use of melted snow and ice holding in suspension or solution quantities of organic matter," may be, to some extent, misleading. It surely will not do to consider this as proof that the fever is due to the *organic matter*. It is undeniably the fact that a great many persons, in various quarters of the globe, take the organic matters in question into their stomachs without experiencing any *malarial* diseases. Is the evil result not owing, rather, to the temperature of the water drank, and certain climatic influences.

CHARLES T. REBER.

SHELBYVILLE, Ill., July 28, 1879.

ARKANSAS MEDICAL COLLEGE.

Editor Clinical Record:

You ask about our "new medical college," and presume that the "rival professional factions have coalesced, the new swallowed up the old, and that Jonas and his little affair with the whale is nowhere."

Who can say why it should not be so? The Good Book says, "the first shall be last and the last shall be first." As to deglutition, or process of swallowing, it is a question of chance as well as muscular effort anyhow. Jonas went overboard on the wrong side of the ship, and he was as much to blame for being swallowed as the whale for swallowing. But perhaps he would have been justified in indulging enough egotism to say, that the whale had reason to be proud of the contents of his stomach. President James K. Polk, in his palmy days, was unsurpassed in repartee. Once his political opponent threatened to swallow him, and his rejoinder was, "Your waist-band will encircle more brains than your hat-band."

Whether this be true of our doctors or not, they would be excused in such dilema for taking that "sweet unction to the soul." But there is one history of swallowing to which our exercises cannot be likened. That is where Aaron's rod had to be turned to a serpent before it could gulp down the neighboring snakes. Nothing like that in this transaction. The actors, both passive and operative, are professional and social gentlemen of the highest order, and endowed with all the facilities for running a first-class medical college, and Little Rock is a most eligible location. True it requires a large sum of money, extensive patronage and experienced professors to insure the best success, but we can have all these. President Hooper and his coadjutors are men of large experience and fine attainments, both professional and literary, and it is expected these qualities will be backed by State and National aid. We want a first-class medical college or none. One hundred thousand dollars will start it. Ability, energy and patronage will keep it going.

There are two questions that may operate against the movement while in its incipiency. One is the selection of all home professors, located at Little Rock. This may engender a spirit of envy in other sections, but it can be remedied when experience proves its necessity. The other is the jealousy that may grow out of the difference of swallowing and being swallowed. Hudibras says the "pleasure is as great in being cheated as to cheat." But

who can say that of the swallowing process? We fear there will be jealousy.

"In every age and clime we see,
Two of a trade can ne'er agree;"

and

"No author ever spared a brother,
Wits are game-cock to one another."

There is an old Irish proverb:

"Hold the bone and the dog will follow,
But give him the bone, he'll gnaw it and wallow."

But the meat on the bone is a notable question. When the college announcement was made some thought it a joke, but when it proved to be a reality, the question arose as to how to calm the rival factions. About nine professorships were settled on opposite faction leaders. Then supernumerary lecturers were constituted of the remainder, who thought it an enticing bait. These may find more evanescent flavors than meat on the bone, and may flutter in the whale's stomach after they are swallowed. But what good will that do, for who knows any emetic to make a whale disgorge? The ejection of Jonas was by superhuman intervention. No promise of that sort any more. The captive now may study this lesson from the Prisoner of Chillon:

"It was at last the same to me,
Fettered, or fetterless to be,
I learned to love despair."

But after all, sir, we will have a medical college—a good one. No use sending off for meal when we can have a mill at home, or sending patients away for mercurial inunction; and still less for sending our talented young men abroad for extra brain polish, for it can all be furnished at our own fountain-head of knowledge and supplies. * * *

LITTLE ROCK, July 30, 1879.

Extracts and Abstracts.

TINEA IMBRICATA.—We have received from Shanghai, China, through a friendly source, the 16th issue of "Medical Reports," published by order of the Inspector-General of the Imperial Maritime Customs, for the half year ending 30th Sept., 1878. This contains information regarding disease among the foreign and native inhabitants of Amoy, Chefoo, Tamsui, Kelung, Chinkiang, Hankow, Swatow and Shanghai, made by the medical officers there stationed and edited by Dr. Alex. Jamieson, of Shanghai. In addition, there are notes on *Tinea Imbricata*, a hitherto undescribed form of ring-worm, by Dr. Patrick Manson, of Amoy; this we purpose abstracting for the benefit of our readers:

Dr. Manson disputes the correctness of Tilbury Fox's views regarding the identity of all the varieties of body ring-worm. He asserts that he has conclusive proof that there are at least two species, and that *Tinea imbricata* differs from *T. circinata*, not alone in clinical characters, but that they are different under all circumstances and wherever found. In the new species, the epidermis is arranged in a series of many lines, lying parallel to each other, presenting much the same appearance as the ringed surface of a cross-cut log of wood. This is found to be produced by an undermining of the epidermis, giving rise to long flakes, about one-eighth of an inch in breadth, the free edge of the scale being directed towards the center of the circle about which the wavy lines seem to arrange themselves; while the convexity of the scale remains firmly attached. If the hand is passed over the surface from the circumference towards the center of the circles, the scales are smoothed down; if in the reverse direction, they are raised up and stand out prominently, defining the outline of the rings very distinctly. The scales are firmly adherent at their outer edges, but by using a little force they can be peeled off, the flake becoming thinner, softer and more delicate as we proceed from its original attachment until it is completely separated. The rings are from one-eighth to one-fourth inch apart, some are quite regular in their outline for five or six inches in length, while others are interrupted at intervals, and more or less irregularly convoluted. The entire skin of the body, except where thickly covered with hair, seems to be liable to invasion of the disease. The hair of the eyebrows and of the occiput, when these parts are occupied by the scales, appears to remain perfectly healthy. Though rough to the touch from desquamation, there is no thickening or effusion into the corium.

Here and there, after the affection has been of long duration, patches of leuco-

derma appear; the disease seeming to have exhausted the material which supported it disappears, not to return.

Under the microscope the differences between the appearances of the fungus of *T. imbricata* and that of *T. circinata* are easily seen. In the latter, the fungus elements are not easily found, while in the former they are found in enormous abundance. In *T. circinata* the mycelial threads spring from deep in the skin and wind in and out amongst the superjacent layers of epithelium; the seat of the new species is undoubtedly in the non-vascular rete malpighii, or deeper layers of the epidermis; the former affects the vascular corium and its hair follicles, which are left untouched by the latter. This position of the disease accounts for the absence of color in the skin just traveled over by the disease, and the presence of leucodermic patches in those parts that have been longest affected; and the subsidence of the disease where the skin fails to reproduce its pigment layer.

Dr. Manson recites several experiments in which he inoculated the same person with both varieties of tinea, and each pursued its typical course.

The new species seems to have a very limited geographical area; all his cases save one having been at one time or another in Straits of Malacca or islands of the Malay Archepelego. After it is once contracted, it persists in cooler climates.

He believes that this is the the connecting link between *chloasma* and *T. circinata*, it occupying an intermediate position in the skin and in the facility of production between these two diseases.

The Mongolian immigration may bring this disease among us, where it must be easy of recognition if the points alluded to above are remembered. Iodine applied externally seems to be the proper treatment.

Toxic Effects of Tea.—Dr. Wm. J. Morton describes, in *Neurological Contributions*, No. I, a case of considerable interest. The patient was a tea broker, aged about thirty years, sallow and thin in flesh, but apparently in good health. He was also a "tea taster," as his business required.

"Tea is 'tasted' in the form of a simple infusion. An amount of the tea to be pronounced upon, equal in weight to a silver five-cent piece, about 15 grains, is put into a small cup, and hot water is turned on to it. Having noticed the behavior of the leaf in water, the aroma in the steam, and a few minor particulars, the 'taster' takes a full mouthful of the liquid and holds it in his mouth, repeating the process until his opinion as to its quality is formed. Some tasters swallow the tea and some spit it out." The patient in question thinks he takes about half a pound of tea each day, and has been engaged in the business for about eight years. The immediate effects upon him are as follows:

"In about ten minutes the face becomes flushed, the whole body feels warm or heated, and a sort of intellectual intoxication comes on, much the same in character, it would seem, as that which occurs in the rarified air of a mountain. He feels elated, exhilarated, troubles and cares vanish, everything seems bright and cheerful, his body seems light and elastic, his mind clear with a great flow of ideas, and he has found from experience that the workings of his intellect are really more clear and vigorous than at any other time. This is not a delusion on his part, for at this time he can 'talk a man over,' and make a more advantageous bargain than at others. At the end of about an hour's tasting a slight reaction begins to set in, some headache comes on, the face feels wrinkled and shrivelled, particularly about the eyes, which also get dark around the lids. At the end of two hours this reaction has become fully established, the flushed or warm feeling has passed off, the hands and feet are cold, a nervous tremor comes on accompanied with great mental depression, and he is so excitable that every noise startles him; he is now in a state of complete unrest and mental exhaustion. He has no courage to do anything, he can neither walk nor sit down owing to his mental condition, and he settles into a complete gloom. His body in the meanwhile does not feel tired. Copious and frequent urination is always present, as also certain dyspeptic symptoms, eructations of wind, sour taste, etc."

"The above described immediate effects follow a single afternoon's tea tasting. They may be summed up briefly as excited circulation, intellectual intoxication with actual increased vigor of mind power, increased urination, then a period of collapse indicated by cold extremities, tremor, mental irritability and anxiety. It will be several days before this condition of affairs

is amended. At this time the temptation to take alcoholic stimulants is very strong."

Among the chronic effects, he enumerates headache, frontal and vertical; tinnitus; black spots or flashes of light before the eyes; vertigo; insomnia with hallucinations of sight; very troublesome dyspepsia; capricious appetite; and a peculiar mental condition.

The latter is characterized as follows: "He lives in a state of dread that some accident may happen to him; in the omnibus fears a collision; crossing the street fears that he will be crushed; watches the eaves of buildings as he passes along thinking a brick may fall and kill him, or a sign fall; under the apprehension that every dog he meets is going to bite the calves of his legs, he carries an umbrella in all weathers as a defense against such an attack. He is often afraid to enter his office for fear of being told that some one has failed; and in short, lives in a state of constant foreboding of some impending evil." There is some numbness of one leg, gait somewhat unsteady and sometimes the eyelids twitch. Dr. Morton has seen several almost identical cases, so that he feels justified in accepting the details of this one as presenting a clinical picture of tea-poisoning.

Wound of Cervical Sympathetic.—Dr. H. M. Bannister, of Chicago, relates the particulars of a case of this rare form of injury in the *Journal of Nervous and Mental Disease*, July, 1879. The patient, a policeman, aged forty-three years, while in the performance of his duty received a pistol bullet wound in the neck. A small ball entered on the left side of the neck, close to the anterior margin of the sterno-cleido mastoid muscle, between two and three inches above its lower insertion, and after passing backwards and a little downwards was lost in the tissues and never found. He suffered considerably from shock, but rallied well and under simple dressings, with occasional anodynes, the wound healed within a month and the man returned to duty. The only peculiar symptom noted at that time was a decided flushing of the left side of the face. This persisted, the skin appearing almost purplish at times. For a short time the right eye appeared more prominent than the left, probably from enophthalmus of the latter. The general health became impaired, the appetite poor, and in about four or five months after the injury there was a decided change in his general demeanor and disposition. He grew listless and careless, and yet subject to violent fits of anger upon very slight irritation. He neglected his duty and was discharged from the force. He gave evidence of delusions, had occasionally some signs of paralysis, and these symptoms increased so that about three and one-fourth years after the reception of the wound he was adjudged insane and committed to an asylum.

There is now some inequality of the two sides of the face, with increase of temperature on the side of the injury; enophthalmus and myosis of the left eye, reddening of the same side of the face; inequality of the pupils, and mental disorder characterized by a kind of grand delirium, with ideas of persecution and suspicion. These mental symptoms have never heretofore been described in connection with injury of the cervical sympathetic.

Treatment of Epithelioma of the Cervix Uteri.—Dr. J. Marion Sims (*American Journal of Obstetrics*, July, 1879) elaborately describes his operation for this affection; relates several instructive cases, including those operated upon in Vienna last year (which brought forth some ill-timed, mendacious comments from the correspondent of a Chicago journal), and fully illustrates the subject with carefully designed engravings. We have space only for the conclusions of this valuable paper referring the reader to the excellent journal for the article in full:

"1. Do not amputate or slice off an epithelioma of the cervix uteri on a level with the vagina, whether by the écraseur or by the electro-cautery.

2. Exsect the whole of the diseased tissue, even up to the os internum, if necessary.

3. Arrest the bleeding, when necessary, with a tampon of styptic iron or alum cotton-wool.

4. Be careful not to apply the tampon with such force as to lacerate the excavated cervix uteri.

5. When the styptic tampon is removed, cauterize the granulating cavity from which the disease was exsected with chloride of zinc, bromine, sulphate of zinc, or some other manageable caustic capable of producing a slough.

6. After the removal of the caustic and the slough it produces, use carbolized warm

water vaginal douches daily till cicatrization is complete.

7. After the cure, put the patient on the use of arsenic as a protection against the cancerous diathesis, and urge the importance of examination every two or three months for the purpose of detecting the recurrence of disease.

8. Then if fungous granulations or knobby protuberances not larger than a pea are found, lose no time in removing them; and treat the case afterward with caustic just as in the first instance.

9. Almost every case may be benefitted by operation, even when there is no hope of giving entire relief."

Dr. Sims gives credit to Dr. Reamy, of Cincinnati, for working out this method of operating independently, and publishing it about the same time. Dr. R. uses scissors, and often removes the entire growth in one piece; Dr. Sims always exsect the cervix piecemeal.

Cure of Hemorrhoids by the Hypodermic Injection of Carbolic Acid.—Dr. E. Andrews, of Chicago, who first gave the "secret of the itinerant pile doctors" to the profession, has recently made a most careful inquiry into the results obtained in the treatment, by this method, of over 3,300 cases, reported to him by about 300 physicians. He contributes his paper to several journals. He thinks that if the following rules are observed, treatment by hypodermic injection will be less painful than other methods and just as safe:

1. Inject only internal piles.

2. Use diluted forms of the remedy at first; and stronger ones only when these fail.

3. Treat one pile at a time, and allow from four to ten days between the operations.

4. Inject from one to six drops, having smeared the membranes with cosmoline to guard against dripping. Inject very slowly and keep the pipe in place a few moments to allow the fluid to become fixed in the tissues.

5. Confine the patient to bed the first day, and also subsequently if any severe symptoms appear. Prohibit any but very moderate exercise during the treatment.

He concludes that this mode of treatment is a valuable contribution to surgical knowledge, and that it will become one of the permanent operations. It is performed as follows: The pile is exposed and the anus smeared with an ointment to prevent smarting should any of the fluid happen to drop. The solution may vary in strength from one part of the crystalized carbolic acid to thirty of olive oil or glycerine, up to equal parts. A sharp-pointed hypodermic syringe is charged with this liquid and introduced. A few drops are thrown into the tumor, the instrument is held in position for a few moments before it is withdrawn. The pile turns white and may wither away without pain, suppuration or sloughing. Only one pile is treated at a time. About a week should elapse between sessions. Most cases suffer from sharp smarting sensations, which are, however, temporary. A few suffer intense pain. The majority are cured without interrupting the patient's business.

Fatal Hemorrhage from the Genital Organs.—Dr. Thos. Kennard, of this city, reports the following remarkable case (St. Louis *Medical and Surgical Journal*, June, 1879): Dr. K. was called to visit a young woman at a hotel who was said to be bleeding, at twenty-five minutes to 12 o'clock, June 2, 1879. He saw her within three minutes; found her perfectly blanched, cold, and pulseless; heart-beats very feeble; respiration slow, irregular, labored and jerking; complained of great thirst; was very anxious and alarmed, and was very restless. Her underclothing, the sheets, blankets, bed-spread and mattress were saturated with blood, and clots were observed upon the wall-paper and carpet about the room. Dr. K. at once removed a large amount of coagulated blood from the vagina, and tamponed that canal with raw cotton closely and completely, applying a bandage to keep the tampon firmly in place. Brandy and laudanum were then administered. No hemorrhage recurred, but she rapidly grew worse and died at eight minutes past twelve o'clock—thirty minutes after she was first seen by Dr. Kennard. She died from syncope caused by eight hours continuous hemorrhage.

It was learned that she was seventeen years and eight months old, had always menstruated regularly, and had never had any symptoms of pregnancy, so far as she knew. She had been acquainted with the young man who called Dr. K. and who had been with her since ten o'clock, June 1st, for a short time only; she had been inti-

mate with him on several occasions and also with another man. About 4 o'clock, A. M., June 2, she had commenced flooding; all efforts to stop it had been unavailing. She positively denied that any instrument had been used upon her by herself or any one else.

The autopsy was made at 4:30 P. M., on June 2d. The body was completely blanched by loss of blood, and all organs were found normal. The womb showed no appearance of ever having been impregnated. The vagina was the only portion of the genital organs that showed any signs of having been injured. "A short distance within that canal, upon the right side, laceration of the mucous membrane was found, and near it, two smaller lacerations. Posteriorly, also, and near the ostium vaginæ, was another considerable laceration of the mucous membrane. There was marked ecchymosis of the subjacent and surrounding tissues. It is my opinion that some rough instrument had been passed up into the vagina by the parties concerned, or by some ignorant person with the view of bringing on the menstrual flow, because the girl had imagined that she was pregnant." He strengthens his opinion of the truth of his explanation by the following reasoning: No innocent girl would have allowed the bleeding to go on to such an extent without becoming alarmed and sending for a physician; such an amount of laceration of the vaginal mucous membrane, and effusion into the surrounding tissues could not have been produced by natural means; if the hemorrhage had been accidental and no violence had been used, how could the lacerations have been produced, and whence come the bleeding, as the womb showed no indication of having been injured? As he states, "the case was a very mysterious one and perfectly unique.

Saccharated Extracts.—C. S. Hallberg, Ph. G. (Chicago *Pharmacist*, June, 1879) proposes the following process of preparing a saccharated extract of the same strength as a fluid extract:

Exhaust sixteen troy ounces of a crude drug; evaporate to a solid extract; carefully desiccate and mix same with sufficient sugar of milk to bring the whole when powdered to sixteen troy ounces.

During the operation the percentage of solid extract should be noted, and in the case of the more powerful remedies an estimation of its alkaloids resorted to.

He claims that they possess the following advantages over the ordinary fluid extracts:

Uniformity of strength; the percentage of active principles being ascertained, they are capable of being prescribed with great accuracy and precision. In all cases where alcohol would be objectionable, these extracts would be of the utmost value.

They possess many advantages over the ordinary solid extracts: They are stable at all temperatures and under all conditions; they will not swell, ferment or waste. They are always of a uniform and convenient consistence, and do not again become solid, as the ordinary powdered extracts do. Their divisability is always effected instantaneously, which is very desirable, as saving time and insuring accuracy in dispensing.

This form is adapted to filling empty capsules, and making compressed tablets; also to the making of troches of the milder remedies.

[The objections to this process are sufficiently obvious. They are the same as those which apply to the solid extracts in general. They may, possibly, be substituted with advantage for solid extracts, but *cannot* take the place of the fluid extracts. —Ed. Record.]

Suspended Animation.—(*British Med. Journal*, June 5, 1879) In cases of drowning, hanging or fainting, the nitrite of amyl should always be administered (by inhalation by means of artificial respiration, we presume.—Ed. C. R.). Dr. T. Lauder Brunton, to whom we have referred this suggestion, considers it a good one. He adds that in ascertaining death the nitrite of amyl might be used along with the cord-test, of tying a cord round the finger. If the circulation have entirely stopped, the part beyond the ligature never becomes any thicker; but if the circulation continues, however slowly, the finger-tip beyond the ligature will sooner or later begin to swell. —*Med. News and Library.*

Arsenic in Dysmenorrhœa.—Dr. Lombe Atthill, in his recent "Clinical Lectures," advises from three to ten drops of Fowler's solution, which may be combined with ten-drop doses of tincture of digitalis, three times a day, between the periods. He has often obtained the best results from this treatment in painful menstruation.

Aconite in the Treatment of Acute Inflammation.—Mr. Jas. S. Sparks (London *Practitioner*, March, 1879) claims that in many inflammatory affections the effects of aconite are marvelous, not only from the efficacy, but also from the rapidity of its action. He claims that it is capable of *aborting* inflammatory action, if prescribed sufficiently early. In pneumonia he says that if it is administered within a day or two after the symptoms are apparent enough to render the diagnosis certain—but, of course, the earlier the better—it will arrest the inflammation and effect a cure in from one to three or four days, the beneficial effects being manifest from the very commencement of its administration. He gives, to an adult, five minims of Fleming's tincture at first, and one or two minims every hour after, modifying the dose according to circumstances. To debilitated subjects it must be given with caution, its beneficial effects are no more, if so much, seen when it acts too powerfully. In quinsy he finds it exceedingly useful, both as an abortive and as a controlling or modifying agent. If given at its very beginning, it seldom fails to cut the attack short or abort it. He believes that after a time it reduces or removes the liability to quinsy in persons subject to periodical attacks of it. He finds aconite useful in fevers, especially in those of an inflammatory character, it reduces the temperature and produces a very soothing effect from its action on the skin. In erysipelas, especially that form occasionally consequent on vaccination, he has seen the disease cut short in a few hours. In a common "cold" it gives relief at once. He gives it in the acute stage of gonorrhœa with marked benefit. It is contraindicated in inflammatory affections in which the temperature does not rise above the normal.

Cold Air in Measles.—(London *Med. Record*, May 25, 1879) Kaczarowski says (*Przelad Lek.*, Nos. 6 and 7, 1878) that cold air is one of the most efficient remedies in eruptive affections. He happened to discover this interesting fact by mere chance in the case of a small-pox patient who escaped into the court-yard on a cold winter's day. The next day the pustules, which were already filled with pus, were dried up. Another case is that of a man who, while suffering from an abscess on his thigh, suddenly took measles, accompanied by a troublesome feeling of itching and burning of the skin. He was carried into a room without a fire, and, within a few hours, the itching subsided, the eruption disappeared, and the patient recovered from the measles on the third day.

The author has also found that in gangrenous affections of the lungs, or in inveterate fetid catarrhs of the trachea, cold air is a very efficient remedy. He does not attempt to explain the fact, but says that he prefers cold air to cold baths in acute feverish affections.—*Monthly Abstract.*

[We have our doubts as to the affection described having been measles. Similar eruptions are not uncommon in connection with large accumulations of pus. The eruption of measles is not usually accompanied with itching, and does not disappear completely on the third day without leaving unpleasant sequelæ.—Ed. Record.]

Shock.—Shock has been shown by Dr. Lauder Brunton ("The Pathology and Treatment of Shock and Syncope," *Practitioner*, vol. xi, page 241) to depend chiefly on dilatation of the abdominal blood vessels.

The most efficient cause of shock is traumatic injury of the abdominal viscera. A smart tap on the intestines of the frog, as in Goltz's experiment, almost annihilates the circulation by causing reflex dilatation of the abdominal vessels. The abdominal vascular area is so great that when fully dilated the abdominal vessels can accommodate nearly the whole of the blood of the system. In such case, even though the heart may continue to beat, little or no blood flows through it, and therefore the circulation is only not at a complete standstill.

The same cause also usually induces reflex stoppage of the heart, and thus we have shock combined with syncope or temporary annihilation of consciousness, but the syncope may pass off and the symptoms characteristic of shock continue

The accumulation of blood in the abdominal viscera is sufficient to account for the pallor of the skin and the other phenomena indicated, for though the other vessels might also be dilated, yet they would be drained of their contents.—Dr. D. Ferrier, in *Brain*, Vol. 2, No. 2.

New Elements.—Since 1877 the following new elements have been discovered: *Davyum*, discovered by Kern and named

after Sir Humphrey Davy; *Mosandium*, discovered by Prof. Lawrence Smith, of Louisville, Ky., and named after the Swedish chemist, Mosander; *Philippium*, discovered by De La Fontaine, and named after Mr. Philippe Plantamour, of Geneva; *Yterbium*, discovered in the earth yttria by Prof. Marignac, of Geneva; *Decipium*, discovered by De La Fontaine, and so named because of its deceptive properties (from *decipis*, to deceive); *Neptunium*, announced by Hermann in 1877; *Scandium*, announced (March 12th, 1879) by Nilson, of Upsala.—*New Remedies.*

Purulent Ophthalmia.—Dr. J. J. Moncure (*Southern Clinic* Paris Letter, July, 1879) writes that granular conjunctivitis may be produced by pus from a purulent conjunctivitis, and that the secretions from a granular ophthalmia may produce a purulent one, hence, he infers a close relationship between them. He describes ophthalmia of the new-born, the catarrhal variety and that due to gonorrhœal infection.

In the treatment of the first variety he relies upon a 2½ to 3 per cent. solution of silver nitrate, to be applied to the conjunctiva, and followed immediately with a solution of sodium chloride. Also a collyrium containing atropia.

In the adult, much use is made of the *crayon mitigé*, made as follows: Take 2 parts of potassium nitrate and one part of silver nitrate, melt them together in a crucible, and run into a cylindrical mould. The conjunctivæ are lightly cauterized with this pencil, followed immediately by the salt solution, use but once a day. Three or four applications generally suffice. Ice-water compresses are used after the cautery, and, later, the solution of silver before mentioned. The treatment of the blenorrhagic form is much the same.

Spurious Hydrophobia.—T. M. Dolan, F. R. C. S. E. insists (*The Practitioner*, July, 1879) upon the necessity of an accurate diagnosis in cases of alleged rabies, in order that our list of deaths therefrom may not be swelled by certifying to a wrong cause of death. He is of the opinion: "1st, That we should be very careful before pronouncing our diagnosis—hydrophobia. 2d, That there shonld be a *post-mortem* examination, made by experienced pathologists, in every reputed case of death from hydrophobia." Mistakes also arise from errors in copying reports from one journal into another. Thus, Offenberg reported a case of rabies cured by curare, this was copied and Polli's name substituted for that of Offenberg. Thus it has happened that one case of recovery is made into two.

He then quotes from *La France Médicale* a case in point. A woman was bitten in the face by a dog. Nine months afterward she was admitted into a hospital with symptoms apparently characteristic of hydrophobia. These became aggravated and death resulted three days later. "This affection had been *diagnosed as a case of rabies of canine origin, but at the autopsy there was found, at the base of the brain, a pyriform cyst of the size of a large nut, which penetrated by some lamellæ into the fissure of Sylvius. The cerebral substance, softened and injected round the tumor, was depressed to give way to it.*" This was full of cysticerci. The symptoms observed may be explained by the rapid increase of the tumor, and the movements of the contained cysticerci. He thinks it confirms the views of modern pathologists as to the portion of the brain involved in *Rabies vera.*

Treatment of Acne.—Dr. Gage Parsons (*British Medical Journal*, June 7, 1879) recognizes the efficacy of the usual lotion of flowers of sulphur in this affection. The sulphur precipitates, however, and it is inelegant, inconvenient and not quite satisfactory in its results. A far more efficacious mode of using sulphur is to dust the face with pure precipitated sulphur every night, with an ordinary puff used for toilet purposes. A cure is usually effected in about a week. If the sulphur be scented with oil of lemon or of rose, it will form an elegant cosmetic.

Action of Platinum.—Herr Kebler, of Strasburg, has experimented upon animals with the double chloride of platinum and sodium. The symptoms provoked appeared to depend entirely upon dilatation of the blood-vessels, especially those of the abdomen, owing to paralysis of the terminations of their peripheral nerve-fibres. There seems to be no ground for thinking that the action of the salts of this metal is likely to prove of value in the treatment of syphilis, the disease in which they have, as yet, been principally tried.—*Medical Times and Gazette*, Feb. 8, 1879.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - AUG., 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

THE MOSQUITO IN A NEW RELATION.

Sir Joseph Fayrer, K. C. S. I., M. D., F. R. S., has read several important papers during the present year, upon the *Filaria sanguinis hominis*, which have been reproduced in the *Lancet* and other English medical journals. From these we have derived the materials of this paper and refer our readers to them for the best presentation of the subject we have yet seen. We are convinced that a careful study of the entozoa in general and of the hæmatozoa in particular will pave the way to a true acquaintance with the mode of origin and communication of all the specific infectious diseases. For this reason we shall devote considerable space to a discussion of the facts brought out in the papers to which we have referred.

Dr. Wücherer, of Bahia, Brazil, in 1868, discovered nematode worms in the urine of a patient suffering from hæmato-chyluria; in subsequent examinations of chylous urine he always found them, alive and active. He did not, however, discover that they had their origin in the blood of the patient.

In July, 1872, Dr. T. R. Lewis, of the British medical service in India, discovered the same thread-like worms in the blood of a native who was being treated for diarrhœa in the Calcutta Medical College Hospital. He also found them in chylous urine.

Dr. Sensino, in Egypt, discovered a similar worm in the blood of a patient in 1876. This was, for some time, supposed to be of a separate variety and was named F. sanquinis hominis Egyptiaca; but is now considered identical with the parasite described by Lewis.

Dr. Bancroft, of Australia, found the sexually mature female worm in 1876. This was found in a patient suffering from a lymphatic abscess of the arm. Lewis has since found specimens (1877) in a blood clot from a young Bengalee who had been operated upon for nævoid elephantiasis. Other observers have since verified this discovery. The dimensions of the adult female and embryo are thus given by Dr. Cobbold, the greatest living helmintkologist: "Mature: length, 3½ in. Embryo: length, 1-200th to 1-125th in.; breadth, 1-2000th to 1-2500th in. Body capillary, smooth, uniform in thickness; head with a simple circular mouth, destitute of papillæ; neck narrow, about one-third of the width of the body; tail of female simple, bluntly pointed; reproductive outlet close to the head; anus immediately above the tip of the tail." Numbers of ova and embryos escaped from the mature worm during examination, and these latter were observed by Lewis to be identical with those observed in the blood of other parts of the body of the patient. It will thus be observed that the worms observed in chylous urine and in the blood of persons suffering from elephantiasis Arabum. as well as in other tropical diseases were the immature, sexless embryos, not the perfect entozoa. Their mode of propagation and special habitat, (mature worms of both sexes) in the body are as yet conjectural.

Reasoning by analogy, it is very probable that this parasite undergoes an intermediate stage of development within the body of some animal or insect. This intermediate host, it is asserted by Dr. Patrick Manson, of Amoy, China, to be the common mosquito. Dr. Manson has discovered

that the hæmatozoa are taken passively into the stomach of this insect; that there a few (Lewis) are digested, others perforate the walls of the stomach and undergo developmental changes in the thoracic and abdominal tissues. Manson says that the blood in the mosquito's stomach contains more of the parasites than that in the person they have fed on. They retain for a few hours the same appearances they possessed when ingested; then changes begin, the outline of the body becomes double, marked striations appear, and again disappear. This first stage of metamorphosis occupies about thirty-six hours; it now becomes quiescent, a sort of chrysalis condition, and a four-lipped mouth and an intestinal tract appears about the fourth or fifth day. The subsequent changes do not appear to have been traced. It is now one-fortieth to one-thirtieth of an inch in length. The mosquito phase is now completed and it moves with great facility and rapidity in the water to which it escapes, as he says, "equipped for independent life."

Lewis fully recognizes the fact that these parasites are found in the stomach of the mosquito, and that they there undergo developmental changes, but he thinks that there may be other intermediate hosts. He thinks that those found in the mosquito are not derived from men alone, but that the dogs of the country furnish a good proportion. Manson and Lewis have found large numbers of the dogs of both India and China to be infested with filariæ; in them the mature worms are found in the right side of the heart, or in tumors of the aorta. Two species have been well observed in dogs, occupying, in the adult stage, the situations mentioned, and discharging their ova and immature living progeny into the blood in enormous numbers.

Manson thinks that man becomes infected by drinking-water into which the mosquito has discharged its partially developed cargo of embryo filariæ.

We think it may safely be assumed that the mosquito does act as the intermediate host, the carrier of this enemy of our race. Manson adduces an authenticated instance of the importation of a single case of elephantiasis into Barbadoes. The disease until then unknown there, is now endemic in that island. He believes that mosquitoes sucked his blood, developed the embryo filaria which contaminated the water and thus spread the disease to those who drank thereof.

It appears to us that there is a simpler way of communicating the disease from man to man by way of the mosquito than that supposed by Manson.

It is known that anthrax, which depends upon the presence of the *Bacillus anthrax* is disseminated or inoculated from one person to another by the bite of carrion-feeding flies. When the fly or mosquito bites an animal it first injects a portion of fluid from its own body into the puncture for the purpose of diluding the blood that it intends to appropriate. This is done to facilitate the imbibition either by simple dilution, or, more probably, by impressing some chemical change upon the blood rendering it less coagulable. Some of this fluid from the insect is left in the puncture; it is rapidly diffused and cannot all be withdrawn. Now, if the fluids of the insect are permeated by the living, active embryo filariæ, it is but reasonable to suppose that some of them will be injected and left in the subcutaneous lymph-spaces. The lymphatic system is the chosen field for the morbid processes—elephantiasis Arabum, lymph-scrotum, lymph-abscess, chyluria—now recognized as depending upon this entozoön. Those parts of the body best supplied with lymphatics—the external genitals and extremities—are the seat of those most remarkable changes dependent upon obstructive lesions produced by filariæ. Hence our hypothesis derives the strongest supporting evidence. The way of entrance suggested is certainly more direct than that by means of drinking-water, as supposed by the authors quoted.

A FALLACIOUS ARGUMENT.

The argument which appears to have most weight with the opponents of the cryptogamic origin of certain diseases is, that the same growths are found in the blood and viscera of patients laboring under diseases other than those attributable to their presence and even in healthy individuals. This is supposed to prove conclusively that these micro-organisms have nothing to do with initiating or continuing certain morbid processes.

In order to test the value of this pseudo-argument, we shall first examine its premises.

The statement that *the same fungi* are found in healthy and unhealthy individuals alike, presupposes the ability of the microscopist to determine with certainty the identity of the growths found under varying conditions. This is setting up a claim for accuracy of observation that is positively audacious in its conception. Microscopists have a reputation for cultivated credulity, and this statement indicates a degree of confidence in very fallible means of investigation such as observers in other fields of science and with other means of investigation would be very diffident in professing.

We are the more surprised at this want of scientific incredulity—which is at the foundation of all progress—inasmuch as many gentlemen of undoubted culture and acumen have seen fit to express their approval of it. A few facts, plainly stated, will make our meaning more plain:

Dr. Taylor, in his excellent "Treatise on Poisons" (Philadelphia, 1875, pages 654–655), quotes Dr. Badham to the effect that there are five thousand recognized species of mushrooms, of which only a few are edible. Now, the mushroom is a species of fungus that is easily examined without the aid of a microscope. He states that the poisonous properties of mushrooms "vary with climate, and probably with the season of the year at which they are gathered, as well as the locality." Personal idiosyncrasy seems to play an important part, some persons being liable to be seriously affected even by those species usually regarded as innocent. Some species which are poisonous in England are freely used by the Russians, while the species most commonly eaten in England is regarded as poisonous in Rome, and the contrary. In fine, he states that "There do not appear to be any satisfactory rules for distinguishing the mushrooms which are wholesome from those which are poisonous."

It is therefore evident that harmless and poisonous fungi are not to be distinguished even when they are of such magnitude as to be handled, tasted and examined by every method of human research, except by their *effects*. Can we hope to be able, as our microscopic friends contend, to do better with a glass that simply magnifies the object a few hundred diameters, more or less?

Much might be written on the poisonous effects of fungi, those of the microscopic varieties have, as yet, a history almost unwritten because unknown.

The opponents of the "germ theory" are doing good service; in fact, they are a necessity. Without them investigation would make slow progress and science would suffer accordingly.

YELLOW FEVER AND QUARANTINE.

An outbreak of yellow fever was to have been expected in Memphis the present season. The unsanitary condition of that city was sufficient to invite a rekindling of the pestilence. A town without a sewer system, with a soil saturated with fæcal matter, and whose streets are floored with rotten wood in place of a decent pavement, must necessarily suffer from whatever "filth disease happens to obtain a foot-hold. It matters not what form it may assume, typhoid, typhus, cerebro-spinal, diphthe-

ritic fever or cholera will find the conditions present in such a town for its reception and propagation.

For many months it has been evident that the poison of yellow fever was not extinct in Memphis and many Southern towns and villages. The disease has become, in a measure, acclimated, and cases have doubtless occurred in the infected district every month since the epidemic of last summer. It is probable that it was, like our worst weeds that vex the agriculturist, originally of foreign growth and importation. Now it is located upon our soil and will probably stay with us until such climatic conditions shall prevail for a series of years as to destroy every "germ" of the disease now flourishing upon our soil.

A thorough test is being made of the efficacy of inland quarantine. As our readers know, we have no faith in it. As a rule, it is an expensive farce. The usual inspections and fumigations are so carried out as to be practically worthless. It is publicly stated, and no authoritative contradiction has been offered, that favoritism has been shown at our own quarantine station. Some boats are openly said to have been allowed to pass with only a slight pretense of inspection and disinfection, while the whole force of the extraordinary powers vested in our health board has been brought to bear upon less favored vessels. We will not say that such is the fact, it is merely reported to be so, and closely corresponds with the manner in which quarantine is usually enforced the world over.

Abscess of the Liver(?).—Prof. Hammond has made aspiration of the liver, to a certain degree, fashionable in this section. He has demonstrated that "it does no harm if it does no good." Some of our medical and surgical *savans* have labored long and earnestly to upset Dr. Hammond's assertion that these abscesses are often obscure. The same wise men have not been quite so successful in demonstrating their propositions. The autopsy has too often shown their errors of diagnosis. It sometimes happens that the error is in another direction, as the following case will show:

Quite recently a patient presented some of the rational symptoms of hepatic abscess, such as pain in the side, descent of the liver below the margin of the ribs, prominence of the right hypochondriac region, etc. A consultation was had and aspiration decided upon. The liver was traversed—"skewered," as it were—in every direction by the aspirator needle. *Five* punctures were made, but no fluid was obtained! At last, it was suggested that the needle be introduced higher up. This was done, the point selected being the fifth or sixth intercostal space, when, *mirabile dictu*, *ninety-two ounces* of clear, amber-colored fluid were withdrawn! We understand that the patient is doing well, in blissful ignorance of the fact that his trouble was not "liver complaint" at all.

We hope that percussion is not to be regarded as one of the "lost arts" in our medical colleges, and that pleurisy with effusion will not be such an "obscure" affection to the rising medical and surgical generation.

"Free quinine" appears to mean high-priced quinine or an article of doubtful purity. The American product has always been trustworthy, the foreign-made article has yet to prove itself of unimpeachable purity. At present we would impress upon our readers the fact that they cannot rely upon the purity of the article as made by unknown manufacturers. In view of this condition of affairs we beg our readers to consult their own interests as well as the good of their patients by making use of preparations bearing the stamp of the best firms only.

We have received samples of two-grain, sugar-coated quinine pills made by the old and trustworthy firm of Wm. R. Warner &

Co., of Philadelphia. We have made careful experiments with them and find them *soluble* and of full weight. They produce the same effects in the same time as are obtained from the best quinine in powder. We refer, of course, to the subjective symptoms of the physiological action of the drug, and the therapeutical effects in malarial affections.

Book Notices and Reviews.

DISEASES OF THE BLADDER AND URETHRA IN WOMEN. By Alexander J. C. Skene, M. D., Prof. of Diseases of Women in the Long Island Hospital College, etc., etc., etc. 8vo. pp. 382. New York: Wm. Wood & Co., 27 Great Jones street, 1878. Cloth, $3 00.

It is many months since this handsome volume reached us for review. It was immediately placed in the hands of one of our most competent gynecologists for notice. A long and most dangerous illness incapacitated him for the task he had undertaken, and a tedious convalescence found him still disabled from such labor. A less competent hand will now engage in the work and endeavor to make amends for the time already too much lost by a notice that will be imperfect at best.

There is no systematic work in the English language with which this of Dr. Skene can be compared. It seems to fill a gap in our literature and must be judged by itself alone. The corresponding chapters in several recent works on gynecology, however, seem to occupy pretty much the entire ground, therefore there may be some doubt as to the absolute necessity of the book having been written. We shall, hence, examine it with this in view: what reason does it give for its coming into being?

The book is divided into eight lectures, which are followed by an appendix. The first lecture is devoted to the anatomy of the bladder and urethra, their anatomical relations to each other, functions of the former, and the development and malformations of both these structures. The section on deformities is very full and complete; the directions given for their relief are concise and well expressed. Although this chapter contains nothing absolutely new, we do not know where the same information can be found in our language.

Lecture II is devoted to functional diseases of the bladder, and is a very good one. Irritable bladder, paralysis vesicæ, ischuria and incontinence and various reflex symptoms are well described. A malarial affection is described in this relation that it is well to remember. This is a so-called *urethral fever*, not necessarily associated with chill and general fever, but dependent upon the same influence. The symptoms are usually as follows: "The patient complains of frequent desire to urinate, and some vesical tenesmus; severe burning pain on passing water, with stinging and burning in the urethra after urination. The history of such cases resembles acute gonorrhœal urethritis so far as the abruptness of the attack and the tenderness and pain of the urethra are concerned, but there is usually no discharge, or at least very little. In many cases the suffering is greatest in the afternoon and early part of the night. Under proper treatment the disease disappears as promptly as it comes on."

In the treatment of irritable bladder Dr. Skene thinks there is no special advantage to be derived from injections of medicated solutions directly into that viscus, that hypodermic medication is better. This is contrary to our experience. We have seen medicated injections into the bladder followed by prompt relief of vesical tenesmus and ultimately by cure, after complete failure of medicines by the mouth to afford relief. Whether the mucous membrane of the bladder is capable of absorbing anything directly from its cavity while it retains its integrity may still be kept under consideration, but the soothing effects of topical

applications to its surface, in our opinion, cannot be disputed.

The caution with reference to absolute cleanliness of the instruments employed (catheters) in the treatment of paralysis of the bladder, cannot be too often repeated. We cordially indorse the author's opinion that "A great deal of vesical catarrh is undoubtedly lighted up by foul catheters," and this applies to the male as well as to the female bladder. See also Sir Henry Thompson's late work for very similar cautions.

No mention is made of the use of ergot in enuresis; we have derived remarkably good results from it in a few cases.

The third lecture begins the consideration of organic diseases of the bladder with a short description of urinary analysis and methods of exploring the cavity of the viscus as aids to diagnosis. Although short and condensed this section is sufficiently complete for practical purposes. Hyperæmia of, and hemorrhage from the bladder are then minutely enough described.

Lecture IV is devoted to cystitis, its varieties, etiology, pathology and symptomatology, while the subject of its treatment is taken up in the following lecture. These two lectures contain the most useful matter to be found in the work and satisfactorily demonstrate its *raison d'être*. We cordially agree with the author in his high estimate of benzoic acid and benzoate of ammonia in the treatment of these cases. We regret that our limited space precludes more than a passing notice of these sections. The operation of making a vesico-vaginal fistula (cystotomy) for the cure of obstinate cases is sparingly commended. He seems to have more confidence in drainage by means of the self-retaining catheter.

Vesico-urethral fistulæ are treated of at length at the end of the fifth lecture.

The sixth lecture is occupied with the consideration of a number of vesical diseases not treated of before: neoplasms, cysts, tubercle and carcinoma of the bladder, foreign bodies therein, hypertrophy and atrophy of the viscus; their etiology, pathology, symptomatology and treatment are duly considered.

Lectures VII and VIII are taken up with diseases of the female urethra. The former with urethral neuroses, the different varieties of urethritis and urethral neoplasms. Throughout his work the author is very sparing in his acknowledgments of the labors of others; this is particularly noticeable when he comes to speak of urethral neoplasms. We fail to find the name of a single author other than Drs. John W. S. Gouley and Alexander J. C. Skene in the entire section. He might, at least, have referred to Drs. A. Reeves Jackson and Wm. A. Byrd in this relation. However, this is a fault of the entire volume, and may be attributable to the form in which it is written. A bibliographical list would have supplied the manifest deficiency.

Lecture VIII treats of dilatations and dislocations of the urethra, prolapse of the mucous membrane, foreign bodies therein, stricture and incomplete fistulæ of the urethra. These are rare affections, but worthy of the careful attention given them by the author. The appendix is devoted to a description of the successful treatment of a case of extroversion of the urinary bladder, fully illustrated, contributed by Dr. Daniel Ayres.

The book is a valuable one, it is printed from large type on good paper and presents an attractive appearance, marred, however, by a large number of errors in proof-reading. It deserves a place in the library of every gynecologist.

LONG LIFE AND HOW TO REACH IT. By Joseph G. Richardson, M. D., Professor of Hygiene in the University of Pennsylvania, Etc. 16mo. pp. 160. Philadelphia: Lindsay & Blakiston, 1879. St. Louis: Book & News Co. Cloth, 50 cents. *American Health Primers, No.* 2.

This is the second number of the admirable series now being issued under the edi-

torial supervision of Dr. W. W. Keen. These "primers" are written for popular reading and, thus far, seem remarkably well adapted to the purpose. Some may think that the title of this one is slightly misleading, but a cursory examination will demonstrate that it is a very appropriate one. To retain health is the surest mode of prolonging life. A glance at the titles of the sixteen short chapters into which the little book is divided will give an idea of its scope:

Introductory Considerations; Causes of Disease, and How to Avoid Them; Heat and Cold as Causes of Disease; Contagion, and How to Escape it; Clothing, and How to Wear it; Pure Air, and How to Breathe it; Pure Water, and How to Obtain it; Baths, and How to Take them; The House, and How to Build it; Food, and How to Digest it; Impurities in Food and Drink, and How to Detect them; Exercise, and How to Take it; Sleep, and How to Secure it; Mental Power, and How to Retain it; Parasitic Enemies, and How to Escape them; Old Age, and How to Meet it.

These chapters are short, written in attractive style, and are full of the best advice. We most heartily commend Dr. Richardson's "primer," and have every reason to believe that each of the volumes to succeed it will be of equal value.

POTT'S DISEASE, its Pathology and Mechanical Treatment, with Remarks on Rotary Lateral Curvature. By Newton M. Shaffer, M. D., Surgeon in charge of the New York Orthopædic Dispensary; Orthopædic Surgeon to St. Luke's Hospital, New York. 12mo. pp. 82. New York: G. P. Putnam's Sons, 182 Fifth avenue. 1879. From the Author.

The author of this little work is a young, diligent and intrepid surgeon, and should meet with encouragement on the part of his seniors. It is therefore that we rather prefer to give gentle allusions and restrictions where severe adjudication might be in place.

We learn from Dr. Shaffer that he is fifteen years in the pursuit of orthopedic study and practice, and that a vast amount of clinical material has passed through his hands. He has, consequently, had brilliant opportunities and we should, therefore, expect something far beyond the average when he addresses the profession. The monograph before us does not fully came up to our expectations, although we notice respectable efforts and a very praisworthy literary method. But we find too much reliance placed on the views of others, too little original work of investigation. There is a want of unity of purpose and a frequent swerving from the subject under consideration for no other end than mere comparison. There is, however, no doubt that by persistent investigation and critical examination of facts the author will gradually climb up to a commanding position, provided he loses no sight of *multum* and leaves *multa* alone. For we are of the opinion that a well digested and well observed case is worth five hundred others that have been only superficially reviewed.

The author is obviously inclined towards the constitutional origin of Pott's disease, and to the adherents of that theory Barwell's representations "as to the condition of the joint ends in strumous children" may be acceptable, not so to the reviewer. We would rather consider the emphatic statement of Rokitansky that there is no such thing as a distinctive pathological anatomy of strumous disease, as preferable to that of Barwell. We had thought that this question had been settled by the memorable meeting of the New York Academy of medicine, at which the strumous disease was exhibited as one of the most untenable productions of the speculative brain. Almost all new works, *e. g.*, Ziemssen's Cyclopædia, Bryant's Surgery, to mention but a few, place scrofulosis *hors du combat*. Usually "parents and nurses" would rather join in the opinion of the author as much more politic and in accordance with the established theory, than confess their neglect in having exposed their wards to

traumatic injuries. This, at least, has been our experience. Since the author has made up his mind to travel on the strumous theory, we will frame him a few questions which he may, perhaps, find time to answer in the future elaboration of the same subject.

1. Is it, or is it not true, that infants frequently fall, or sustain diverse injuries to which their want of understanding of surrounding dangers may give rise? Or, is the supervision of children at a tender age always so careful and pains-taking as to render accident out of the question?

2. Is, or is not Pott's disease more frequent in cities than in the country? And have not the high stairways, the pavement and sidewalks, or the density of the population some causal connection with the frequency of Pott's disease in cities?

3, Is posterior curvature not an intruder upon high life in proportion to physical danger, as in the lower classes?

4. Is, or is not Pott's disease one of rarest occurrence among nursing infants, that is, at a time of life when mothers bestow the most care upon their offspring?

5. Does, or does not Pott's disease increase numerically with the venturesomeness of children, and does it not decrease numerically with the maturing of the child's understanding of danger? Of course, those cases transmitted from a former period are to be deducted from this estimate.

6. Is it, or is it not an acknowledged fact that children who are comparatively more lively and venturesome are more numerous among the recruits of Pott's disease than those who are leuco-phlegmatic and inert?

7. Is, or is not Pott's disease more frequent in the more temperate than in the torrid zone? and more or less connected with the energy and restlessness of children in the former and the lassitude of those of the latter, irrespective to the accidents to which ice and snow give rise?

8. Is it, or is it not true that constitutional suffering follows Pott's disease more frequently than precedes it?

9. What have been the practical results of constitutional treatment in Pott's disease?

When all these questions shall have been duly considered and rationally answered, then, and not before, shall we understand the remote causation of that malady.

The separation of the symptoms into stages, which the author attempts, seems to us without practical value, since it does not affect either the pathology or treatment.

The so-called "dry spondylitis" is, in our opinion, no spondylitis at all, but inflammatory softening of the inter-vertebral discs; and this form may occur with, or without deformity. We have seen it caused by constitutional syphilis, presumably initiated by gummatous deposits. We have likewise observed it to follow whooping-cough. Almost invariably, the deformity from this cause occupies the thoracic portion of the spine. To speak of a fungoid or granulating spondylitis without formation of pus, is, in our opinion, a contradiction, because granulations and the formation of pus always go together. No authority can be admitted in explaining away an acknowledged pathological fact. The pus need not always to approach the surface, and yet, it may exist. We have repeatedly found caseated pus in the neighborhood of the morbid focus, and alongside of the spinal canal, and even sequestra embedded in such material after the disease had been arrested by appropriate treatment.

The most usual location of Pott's disease is in the lower thoracic and upper lumbar portions of the spine. It so happens that the late Bonnet, of Lyons, found out by numerous experiments with bodies of infants, that that locality was invariably the seat of injury. This coincidence is of practical importance, and tends to demonstrate traumatism as a more frequent cause of Pott's disease then our author seems to be aware of.

Dr. Shaffer has never seen a case of acute spondylitis, or, as he states, "in the earliest

stage of Pott's disease." We had but one, but that was a very conclusive one, and we beg to refer him to page 107 of our "Treatise on Orthopedic Surgery," which he may find at Messrs. Wm. Wood & Co.'s, if, as we presume, the book is not in his collection. The accident to, and death of the child were crowded into the short time of six weeks. The case proved beyond cavil a fracture of the body of the fifth dorsal vertebra from an ordinary fall of the child upon the back, on the flat surface of a sidewalk. The injury was promptly diagnosed half an hour after the accident, and the recumbent posture, with proper immobilization of the spine, insisted upon. But this was not properly followed. Next, we saw the child with left side empyema, and gave it as our opinion that an abscess had formed at the seat of fracture and opened into the pleural sac. It is needless to add that the autopsy fully verified the diagnosis.

As to the insidiousness of the disease, there can be no difference of opinion. Months may elapse before the parents realize the trouble. The same may be said of joint-diseases. For this very reason it is almost impossible to elicit the traumatism if such had been at work.

There are some other points in the monograph which we should feel inclined to touch upon, but we must limit ourself to but a very few.

We fully coincide with the author as to the impracticability of relieving Pott's disease by suspension and the plaster-jacket, and we fully subscribe to his very excellent arguments against them. Nay more, the time will soon arrive when this ephemeral surgical will-o'the-wisp will disappear as one of those incomprehensible phenomena of which our age is not quite free. But then, since the author has made so exhaustive an investigation into the pathology of Pott's disease, it is strange that he should have substituted another apparatus and indulged in the vain hope of curing progressive Pott's disease in the erect posture. We have only a dozen specimens or so, in in our collection of diseased spines, but *every one of them* presents conditions preclusive of such applications.

The recumbent posture may not be as agreeable as the erect, but it is certainly more efficacious. After three years recumbency we have effected the recovery of a patient who, in the course of that long ordeal, discharged *twenty-seven* sequestra from his spine, and who is now as strong and venturesome as any lad of his age; and in his perambulations in Switzerland and the Tyrol exceeded in boldness and endurance every one of his party. His spine seems to have been solidified by osteophytes and incrustations, so as to place it beyond harm. Does the author think that anything short of systematic recumbency would have preserved the life of such a patient? As a matter of course, even in that position, the spine ought to be rendered immovable; the material by which this object is effected is supremely indifferent.

We must now take our leave of the author, however reluctantly, for we feel a deep interest in the advancement of this branch of surgery, in which we have left some foot-prints of our own ardent efforts. Hoping to hear very soon and oft from the fertile pen of the author, our esteem for whose accomplishments could alone have misled us into entering so fully into the merits of his book. L. B.

MEMORANDA ON POISONS. By Thos. Hawkes Tanner, M. D., F. L. S. Fourth American, from the last London Enlarged and Revised Edition. 16mo. pp. 201. Philadelphia: Lindsay & Blakiston. St. Louis: Book & News Co. Cloth,

The wisest of mankind once wrote, "of making many books there is no end," and this is particularly true of the making of manuals. As a rule, we set our face firmly against these helps to the lazy student and indolent practitioner—they are usually simple make-shifts for something better, and cause those better things to be neglected.

For once we are happy to say that our ill-natured grumbling anent manuals may be reserved for a suitable occasion, which we are moderately certain will not be far in the future.

Poisons and poisoning receive so little attention as such, that these memoranda actually "supply a want." Not every physician's library possesses a copy of Taylor's Treatise on Poisons, or any good work on the subjects embraced under toxicology. The information required usually at hand is scattered through the works on materia medica or hidden away in a mass of irrelevant matter. In this pocket manual, everything relating to poisons is epitomised and rendered available at a moment's notice.

We have reason to believe that Dr. Tanner was right in suspecting that cases of secret, criminal poisoning are much more frequent than is generally supposed. His "Memoranda" were compiled in order to bring this matter particularly to the attention of the profession.

Of course, in a volume of such limited dimensions the subjects discussed can receive but the most cursory treatment; nevertheless, we consider it a good work and believe the profession is under many obligations to the lamented author for performing his work in his characteristically *practical* manner. It certainly receives our heartiest commendation.

Elements of Modern Chemistry. By Adolphe Wurtz, Member of the Institute, Honorary Dean and Professor of Chemistry of the Faculty of Medicine of Paris, Etc., Etc. Translated and Edited, with the Approbation of the Author, from the Fourth French Edition, by Wm. H. Greene, M. D., Formerly Demonstrator of Chemistry in Jefferson Medical College, Philadelphia, Etc., Etc., Etc. 12mo. pp. 687, with 132 illustrations. Philadelphia: J. B. Lippincott & Co. London: 16 Southampton st., Covent Garden. 1879. St. Louis: Book & News Co. Cloth, $2 50.

Professor Wurtz is one of the best, if not the best, of late authorities on the most attractive of sciences, chemistry. The book before us is essentially elementary in character, hence the theoretical part is especially well developed. Some of the theories are, we think, stated with greater positiveness than the present status of the science will permit. The author is so positive that he inspires his readers with enthusiasm, and writes so clearly and pleasantly that it is a pleasure to read the book. This statement applies, of course, to the earlier sections. The portions treating of organic chemistry with the formidable array of symbols is not very inspiring, we must confess.

The chemistry of the metalloids is given with greater fulness than that of the metals, and that of carbon receives the attention that its increasing importance demands.

A feature that especially commends the work is, that it is brought fully up with the times, the liquefaction of the hitherto incoercible gases is described and the chemistry of Gallium is given.

The translator has performed his task wonderfully well; the typography, illustrations, paper and binding are all that could be desired. We regard it as one of the best text-books on chemistry yet published.

Atlas of Skin Diseases. By Louis A. Duhring, M. D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania; Physician to the Dispensary for Skin Diseases, Philadelphia; Dermatologist to the Philadelphia Hospital, Etc. Part V. Scabies, Herpes Zoster, Tinea Sycosis, Eczema (vesiculosum). Philadelphia: J. B. Lippincott & Co. 1879. St. Louis: Book & News Co. $2 50 per part.

Parts I, II, III and IV of this most excellent atlas have received very complimentary notice in our columns. Part V is in no degree inferior to those formerly submitted to criticism. The plates are carefully colored, and no better illustrations of actual cases of disease as observed in practice can be imagined than are here presented. To the instructor in

dermatology they will prove of great value, for thus he will be able to demonstrate the lesions of the skin delineated with nearly the same facility as if actual cases could be presented to the student. The general practitioner can refer to them with confidence in making his diagnosis in doubtful cases. The elegant letter-press accompanying the plates gives all necessary information regarding the differential diagnosis and treatment that could be desired. Taken in connection with the author's "Treatise on Diseases of the Skin," this atlas makes an almost perfect library of dermatology.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. By George Henry Fox, A. M., M. D., Clinical Professor of Dermatology, Starling Medical College, Columbus, O.; Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases, Etc., Etc., Etc. Forty-eight Colored Plates taken from Life. Complete in twelve Parts. Part I. Comedo, Acne (vulgaris), Lepra (tuberosa), Elephantiasis. Part II. Keloid, Rosacea, Psoriasis (nummulata), Ichthyosis (simplex). New York: E. B. Treat, No. 805 Broadway. St. Louis: Brown & Holdoway, 521 Olive st. $2 00 per part. Sold only by subscription.

We have looked forward to the appearance of this work with a great deal of interest not unmixed with anxiety regarding the success of the project. Heretofore, attempts to illustrate lesions of the skin by means of photography have been, to say the least, conspicuous failures. The difficulties in the way of photographing appearances of such delicate nature as those presented by the complex and ever varying lesions of the skin are obvious to every one who knows anything of the subject. But Dr. Fox is to be congratulated upon achieving a pronounced success in the first two numbers of the great work he has undertaken.

By some modification of the photographic process, a surface has been obtained that receives the small amount of coloring matter applied with marvelous ease, thus producing a softness of tone that we have never seen rivaled in work of this kind.

The artist is evidently a master, and, it is unnecessary to state, shows that knowledge of his subject that could be acquired only by a careful study of disease. Of course some lesions are better adapted to the process than others, of these the cases of elephantiasis and comedo offer striking examples.

The descriptions of the cases illustrated are well written and sufficiently extended for all practical purposes. We shall look for the remaining ten numbers with much interest and in full confidence that they will bear out the promise of excellence given by those now under notice.

COMPLIMENTARY DINNER GIVEN TO PROFESSOR S. D. GROSS by his Medical Friends in Commemoration of his Fifty-first Year in the Profession, April 10, 1879. 8vo. pp. 42. Philadelphia: Lindsay & Blakiston. St. Louis: Book & News Co. 1879. Cloth, $1 00.

This elegant little volume commemorates a truly remarkable event: the fifty-first year of medical and surgical practice, fifty-four years of medical study, and forty-five years of medical teaching. Dr. Gross deserved the honor bestowed upon him well, and his address upon the occasion was worthy of the occasion and of the speaker.

Every one who participated in the exercises will treasure up this book which so well records the events of the evening.

An excellent and life-like portrait of the distinguished surgeon and teacher adorns the book, and by itself is worth its price to every admirer of the original, and their name is legion.

LITERARY NOTES:—

PUBLIC HEALTH, a weekly journal devoted to the preservation of health, with Dr. Edward J. Bermingham as editor, began life July 5th last. It is extra large octavo in

form, pages in double columns, of which there are twelve of reading matter in each number. Subscription $2 00 per annum. The editor has secured the coöperation of all the leading sanitarians in the country, and the six numbers that have appeared give evidence of solid excellence that ought to secure for it a large patronage among physicians and cultivated people of every vocation in life. Physicians will do a good work if they will commend it to the notice of their patrons. The editor's address is No. 19 Lafayette Place, New York.

The *American Journal of Electrology and Neurology* is a very handsome quarterly of eighty pages, edited by Dr. John Butler, and published by Messrs. Bœricke & Tafel, of New York; subscription, $2 00 per year. The articles contained in the first number—for July, 1879—are mostly carefully prepared and well written. Although assuming to be absolutely independent of all schools and "isms," its homœopathic tendencies are everywhere apparent. Dr. Kershaw, of St. Louis, contributes an excellent article—barring the therapeutics—on "Cerebral Anæmia."

BOOKS & PAMPHLETS RECEIVED.

Traite des maladies du Systeme Nerveux, Comprennant les maladies du Cerveau, les maladies de la moelle et de ses envelopes, les affections cérébro-spinales, les maladies du système nerveux périphérique, et des maladies toxiques du système nerveux. Par W. Hammond, Professeur des Maladies Mentales et nerveuses a l'Université de New-York President de la Société névrologique de la même ville, etc. Traduction Francaise augmentée de notes et d'un, appendice, par le Dr. F. Labadie-Lagrave, Ancien interne, lauréat des hôpitaux, de la Faculté et de l'Académie de médecine, Secretaire de la Société clinique, etc., etc. Avec 116 figures intercalées dans le texte. 8vo. pp. 1278. Paris: Librairie J. – B. Baillière et fils. Rue Hautefeuille, 19, près le Boulevard Saint-Germain, 1879.

A Clinical Treatise on the Diseases of Nervous System. By M. Rosenthal, Professor of Diseases of the Nervous System at Vienna. With a Preface by Professor Charcot. Translated from the Author's Revised and Enlarged Edition by L. Putzel, M. D., Physician to the Class for Nervous Diseases, Bellevue Hospital Out-Door Department, and Pathologist to the Lunatic Asylum, B. I. 8vo. pp. 278. New York: William Wood & Co., 27 Great Jones street. 1879. Wood's Library of Standard Medical Authors. Cloth, $1 00, to subscribers only.

A Text-Book of Physiology. By J. Fulton, M. D., M. R. C. S., Eng.; L. R. C. P. Lon. Professor of Physiology and Sanitary Science in Trinity Medical College, Toronto; Surgeon to the Toronto General Hospital, and Physician to the Home for Incurables, Toronto. Second Edition, Revised and Enlarged, with numerous Illustrations. 8vo. pp. 416. Philadelphia: Lindsay & Blakiston; Toronto: Willing & Williamson; St. Louis: Book & News Company. 1879. Cloth, $4 00.

The Advantages and Accidents of Artificial Anæsthesia: A Manual of Anæsthetic Agents, and their Employment in the Treatment of Disease. By Laurence Turnbull, M. D., Ph. G.; Aural Surgeon to Jefferson Medical College Hospital, etc., etc., etc. Second Edition, Revised and Enlarged, with twenty-seven illustrations. 12mo. pp. 322 Philadelphia: Lindsay & Blakiston. St. Louis: Book & News Co. 1879.

Lessons in Gynecology. By William Goodell, A. M., M. D., Physician-in-Charge of the Preston Retreat, Professor of Clinical Gynecology in the University of Pennsylvania, etc., etc., etc. 8vo. pp. 380, with eighty illustrations. Philadelphia, Pa.: D. G. Brinton, 115 South Seventh street. 1878. St. Louis: Hugh R. Hildreth Printing Co. Cloth, $3 00.

Manual of the Principles and Practice of Operative Surgery. By Stephen Smith, A. M., M. D., Surgeon to Bellevue and St. Vincent Hospitals, New York. 12mo. pp. 689. Boston: Houghton, Osgood & Co. New York: 21 Astor Place. The Riverside Press, Cambridge. 1879. Cloth.

ETUDE HESTORIQUE ET CLINIQUE SUR LA TREPANATION DU CRAIN, LA TREPANATION GUIDEE PAR LES LOCALISATIONS CEREBRALES. par le Dr. Just Lucas-Championnière, Chirurgien des hôpitaux de Paris, Membre de la Société de Chirurgie, Rédacteur en Chef du *Journal de Médicine et de Chirurgie pratiques*. 8vo. pp. 150. Avec 14 figures dans le texte. Paris: V. A. Delahaye et cie. Libraires-Editeurs, Place de l'Ecole de Médecine. 1878. Prix: 3 fr. 50.

A MANUAL OF MIDWIFERY, for Midwives and Medical Students. By Fancourt Barnes, M. D. Aber., M. R. C. P. Lond. Physician to the General Lying-in Hospital, Etc., Etc., Etc. With Illustrations. 12mo. pp. 201. Philadelphia: Henry C. Lea. St. Louis: Book & News Co. 1879. Cloth, $1 25.

ON DISEASES OF THE STOMACH, and the Varieties of Dyspepsia. By S. O. Habershon, M. D. Lond., F. R. C. P., Etc., Etc., Etc. Third Edition. 12mo. pp. 324. Philadelphia: Lindsay & Blakiston. St. Louis: Book & News Co. 1879. Cloth, $1 75.

POCKET THERAPEUTICS AND DOSE BOOK. By Morse Stewart, Jr., B. A., M. D. Second Edition, Revised and Enlarged. 24mo. pp. 263. Detroit, Mich.: Geo. D. Stewart. 1878. Cloth, $1 00.

Miscellaneous Notes.

YELLOW FEVER has mostly confined its ravages to "The Taxing District of Shelby County, Tennessee," the present title of Memphis. From thirty to forty new cases occur each day, and the mortality is nearly twenty-five per cent. One or two cases have occurred in various cities, St. Louis among them, from the same disease among refugees.

DR. WILLIAM TILBURY FOX, the distinguished English dermatologist, died very suddenly, at the age of forty-three years, in Paris, June 7th, 1879. His disease was aortic aneurism, with angina pectoris. He was a most indefatigable writer on dermatological subjects, and was editorially connected with the London *Lancet* for many years.

DR, CABELL and another member of the National Board of Health have resigned. We do not know their reasons for doing so. They probably have found that their professional dignity was not advanced to any great degree by being part and parcel of such a mongrel commission.

CAPT. JAS. B. EADS is nominated by our wide-awake contemporary, the Louisville *Medical News*, for sanitary supervisor of the Mississippi Valley. No better name could be selected than that of our distinguished townsman. We heartily second the nomination.

THE AMERICAN DERMATOLOGICAL ASSOCIATION.—The third regular annual meeting will be held in the city of New York, on August 26th, 27th and 28th, 1879. A highly interesting meeting is expected.

CHOLERA appears to be increasing in India and the adjacent countries. It is not expected here for a year or two.

Home News.

IT is rumored that a new weekly medical journal is incubating and will soon "chip the shell" and make its unfledged appearance in St. Louis.

Those members of the profession who are not as yet "reporters, stockholders or collaborators," will probably now be provided for. Exchanges and editor's copies will then supply the place of books and journals purchased or subscribed for, to even a greater extent than at present—which is unnecessary. Ye gentle canvasser and the oily-tongued bookseller will find each his occupation gone.

THE FRESH-AIR MISSION, to which reference is made in the Grand Jury's report, is modeled after the Foating Hospital of St.

John's Guild, of New York. A large steamer is employed, and many hundred sick children are given a day's ride upon the river every week. The enterprise is under the direction of Rev. Mr. Lack, whose long connection with our most deserving charity, the Provident Association, is sufficient guaranty of the worthiness of the charity and of the efficient manner in which it is carried out.

HERE AND THERE A GEM.—We take pleasure in presenting the following specimens of literary "style," culled from the pages of a city contemporary:

"It were better to bottle or tightly cover milk, which is so absorbent of the gases and odors as to be readily recognized in the taste."

We must congratulate the writer of the above upon the fact that he has learned to readily "recognize" *milk* by its taste? We trust he will acquire a liking for the harmless beverage.

"A young woman of about 10 years" * * * *. Out "Master of Arts" (without having mastered them) is to be commended for detecting a *young woman* in a child of ten summers. He will probably discover an *old* woman in some matron of sixty or seventy winters. It will probably be necessary for him to observe very carefully, however.

Speaking of the *relative* increase of white blood-corpuscles in pregnancy as a cause of eclampsia, an alleged "professor" relieves himself thus:

"This increasing preponderance of white blood discs must invite still further an angry condition of nervous force," etc.

Leucocytes are not *discs* but globules, and we believe the "professor" is the first to state that they ever outweigh the red blood-corpuscles, even in pregnancy, to say nothing about leucocythæmia, in which, by the way, eclampsia is not a prominent symptom. The "*angry* condition of nervous force" is also a new observation which ought to place him high upon the list of original investigators. An angry condition of the force of gravity will be next on the list of possible discoveries with which he will probably astound the world.

THE ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS has been duly chartered and will begin operations next month. A preliminary examination of students, a three-years, graded course, and a final examination of great severity, are among the requirements exacted of the prospective graduates. We are happy to record the fact that St. Louis has finally a medical college worthy of the name. The college building is located at No. 1100 North Market street.

A PERSECUTED OFFICIAL.—The following is extracted from the official report of the Grand Jury of the city of St. Louis, presented to his honor, H. D. Laughlin, Judge of the Criminal Court, on July 28th:

"On Friday, the 25th inst., your grand jury proceeded in the tug Rescue to visit the City Quarantine Hospital. While it has not been customary for previous grand juries to visit this institution, still the fact that our sister city, Memphis, is being scourged by that fatal malady, yellow fever, and the possibility of isolated cases reaching our city from that direction, we felt it our duty to visit the place officially and see what steps had been taken to keep the disease out of our city. We were met at the river bank by Health Commissioner Charles W. Francis, who remonstrated against our making a landing—in fact, forbidding the grand jury to come ashore, saying that he had 'five well-defined cases of yellow fever there, and that the grand jury had no business there;' but finally consented, saying that if we did so it would be at our own peril and risk. This statement your grand-jury found, upon examination, to be absolutely false, not even a symptom of yellow fever having thus far been developed. We found the new wards clean and in good order, well equipped for the reception of patients should any arrive; the steward, Mr. O'Madigan, with his assistants, in readiness to care for whomsoever might come to them, and Drs. Eversole and Outley waiting for something to do, having received thus far nothing worthy of men

tion. They gave us every facility for inspecting the place, as also did, finally, Commissioner Francis, so far as he was able, but we cannot criticise too strongly the conduct of the Health Commissioner, who, at a time like this, when the public mind is so easily excited, should stand up in the presence and in the hearing of hundreds of people, (for the harbor-boat was just moving away towards the city loaded with passengers who had been taken off of the Quarantine steamers), and officially announce that he had "five well-defined cases of yellow fever in the wards" when he had none nor even the symptoms of one.

We also condemn most severely his conduct in attempting to bring the steamer Charles P. Chouteau, loaded with a thousand invalid children on an excursion under the auspices of the Fresh Air Mission, to Quarantine, and thereby exposing them to yellow fever, had there been any yellow fever there. This unwarrantable action would have been accomplished but for the remonstrance made by your grand jury.

Your grand jury are charitable enough to believe that he would not have been guilty of this misconduct in office, but that he was under the influence of liquor, but, to prevent future like occurrences, we would recommend that he be removed from the position he holds, and that some person be appointed who has received a medical education and who at the same time possesses the executive ability to fill the office properly. We believe there are plenty of such men in our midst in whom these qualities are combined.

* * * * * * * *

We are, sir, with great respect, your obedient servants.

D. P. Slattery, Foreman.
Frank Curtis,
Jacob C. Ewald,
Wm. H. Smallwood,
A. J. Geraghty,
R. J. Lackland,
Chas. G. Stifel,
D. J. Bushnell,
John H. Vornbrock,
A. B. Lansing,
John B. Gray,
Wm. H. Stone.

This prejudiced body also found a true bill of indictment against Mr. Francis, the charges brought may be inferred from the report given. This will probably be ignored, on the general principle that a brother politician can do no wrong.

The people of St. Louis have every reason to be proud of such a Health Commissioner. If they are not it is certainly their own fault. For two years the Clinical Record gave them warning of that official's tendencies and of his manifold acts of oppression in office.

Those members of the medical profession who were so eager to indorse him for reappointment are especially to be congratulated. We hope the few "loaves and fishes" he has thrown them is sufficient compensation for their voluntary self-abasement.

We hope those journals which have shown themselves such adepts in toadyism will be repaid, in some way, for such prostitution of the press.

It would really seem to be the wisest course for this official to take, who is the victim of persecution on all hands, to resign. His usefulness is gone. His chances to be our next mayor are vanished into thin air. His name has become a by-word, and the reputation of our health department and, through it, our city, is soiled beyond cleansing so long as he remains at its head. These are serious facts, and if Mr. Francis has the good of the people of this city so much at heart as he pretends, he will go back into the obscurity whence he came and cover his unfortunate habits with the decorous secresy of private life.

The ice treatment of sunstroke, as carried out at the City Dispensary under the eagle eye of the Health Commissioner, has been pushed to such an absurd degree that at last there seems to be a prospect for a suit against that official for malpractice. A man sixty-seven years old was recently kept in the ice-pack for *five hours*, unless the city papers are mistaken. Certain disturbances of the central nervous system have resulted, hence the prospective suit.

TO PHYSICIANS.

Messrs Warner & Co. Brooklyn, N. Y., August 10, 1878.

Dear Sirs:—It is with pleasure that I report to you briefly my experience, and also that of eminent Physicians, as to the valuable medicinal qualities of INGLUVIN, and testify to its superiority in all cases over Pepsin.

Drs. F. A. Howe and E. P. Hurp, of Newburyport, Mass., report a case of Chronic Dyspepsia as follows: Our associate in medicine, Dr. E. Cross of this city, was taken violently sick. For a time his life was despaired of; everything was tried but with no good effect. Finally, INGLUVIN was administered in doses varying from five to ten grains; to our surprise, the patient began at once to mend and rapidly convalesced. We cannot speak too highly of INGLUVIN in this case, it is certainly a valuable remedy.

Dr. F. W. Campbell, of Montreal, Canada, says that with INGLUVIN he cured three out of four cases of VOMITING in PREGNANCY.

Dr. C. F. Clark, Brooklyn, N. Y. has used INGLUVIN very extensively in his daily practice for more than a year, and has fully tested it in many cases of VOMITING in PREGNANCY, DYSPEPSIA and SICK STOMACH, and with the best of results.

Dr. Edward P, Abbe, New Bedford, Mass., mentions a case of vomiting caused by too free use of intoxicating liquors; INGLUVIN was administered in the usual way, the effect was wonderful, the patient had immediate relief.

A gentleman living in Toronto, Canada, gives his experience. He says, I was suffering terribly from Indigestion, I could eat nothing, life was almost a burden to me. INGLUVIN was prescribed in five to ten grain doses, the medicine was taken for about two weeks; result, a permanent cure.

In fact were I to note all the remarks of the profession and my experience in relation to this remedy, and report to you the cases in detail, you could fill a volume with expressions as to its great efficacy in the troubles for which it is recommended.

Yours Respectfully,

CHAS. H. BENNETT, 144 Luqueer St., Brooklyn, N. Y.

INGLUVIN

IN CASES OF DIARRHŒA, CHOLERA INFANTUM AND MARASMUS.

From the Cincinnati Lancet and Observer, August, 1877.

The prevalence of Cholera Infantum, Cholera Morbus, and Diarrhœa, to a greater extent at this period, induces me to call the attention of the medical fraternity to the lately introduced remedy called "INGLUVIN." I have been using it in my practice with very happy results for a considerable time, having originally called attention to the use of the simple lining membrane of the Gizzard of the Domestic Fowl. We find indigestion generally at the bottom of bowel complaints, which INGLUVIN has almost instantly corrected for me, alone or in combination. I give it in the following formulas:

INFANT FORMULA.

℞ Ingluvin, ...gr. xii.
Sacch. Lac., ...gr. x.
Misce et Ft. cht., No. x.
Sig.—One every 4 hours.

℞ Aqua Calcis, ...f℥ij.
Spts. Lavand. Comp.,
Syr. Rhei, Arom., ...aa f℥j.
Tr. Opii, ...gtt. x.
Misce—Sig.—A teaspoonful every 2 to 4 hours.

FOR ADULTS.

℞ Ingluvin, ...℥j.
Morphia Sulph., ...gr. jss.
Misce et Ft. cht., No. xii.
Sig.—One every 4 to 6 hours.

℞ Aqua Calcis, ...f℥ijss.
Spts. Lavand. Comp.... ..f℥ss.
Syr. Rhei, Arom., ...f℥vi.
Tr. Opii, ...f℥ss.
Misce—Sig.—Dessertspoonful every 2 to 4 hours, or after each evacuation.

In inflammatory affections, I combine INGLUVIN with subnitrate of bismuth, equal parts, and oleaginous mixture with ol. terebinth instead of aqua calcis. Should the evacuations be suddenly arrested, and tympanitis and colic supervene, follow with a dose of oil or magnesia, or injections. In many cases of sick headache and indigestion I have the most happy result from the combining of INGLUVIN with Pv. Nux Vomica, the one-twentieth to one-tenth grain. I have treated a case of Marasmus successfully with the INGLUVIN—see article contributed in "MEDICAL AND SURGICAL REPORTER." A. F. SHELLY, M. D.

PHYSICIANS FAVORITE RECIPES FOR PILLS MADE TO ORDER.

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WILLIAM R. WARNER & Co.

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Sugar-Coated Pills.

PHOSPHORUS PILLS.

A PERFECT AND RELIABLE FORM FOR THE ADMINISTRATION OF FREE PHOSPHORUS IN COMBINATION WITH

Nux Vomica, Iron, Quinine, Zinc, Strychnia, Morphia, Indian Hemp, Cantharides, Digitalis, Aloes, etc

℞ **A TABLE OF COMBINATIONS.*** — In Bottles 100 each.

1—PIL. PHOSPHORI.	1-100 grain, 1-50 grain, 1-25 grain, in each.	1 00
2—PIL. PHOSPHORI COMP.	Phosphori 1-100 grain. Ext. Nuc. Vom ¼ grain.	1 50
3—PIL. PHOSPHORI CUM NUCE VOMICÂ	Phosphori 1-50 grain. Ext. Nuc. Vom. ¼ grain.	1 50
4—PIL. PHOSPHORI CUM FERRO	Phosphori 1-50 grain. Ferri Red. 1 grain.	1 50
5—PIL. PHOSPHORI CUM FERRO ET NUCE VOM.	Phosphori 1-100 grain. Ferri Carb. 1 grain. Ext. Nuc. Vom. ¼ grain.	1 50
6—PIL. PHOSPHORI CUM FERRO ET QUINIÂ	Phosphori 1-100 grain. Ferri Carb. 1 grain. Quiniæ Sul. 1 grain.	2 75
7—PIL. PHOSPHORI CUM FERRO ET QUINIA ET NUC. VOM.	Phosphori 1-100 grain. Ferri Carb. 1 grain. Quiniæ Sul. 1 grain. Ext. Nuc. Vom. ¼ grain.	2 75
8—PIL. PHOSPHORI CUM QUINIÂ	Phosphori 1-50 grain. Quiniæ Sul. 1 grain.	2 75
9—PIL. PHOSPHORI CUM QUINIÂ CO.	Phosphori 1-50 grain. Ferri Red. 1 grain. Quiniæ Sul. ½ grain. Strychniæ 1-60 grain.	2 00
10—PIL. PHOSPHORI CUM QUINIÂ ET NUC. VOM.	Phosphori 1-50 grain. Quiniæ Sul. 1 grain. Ext. Nuc. Vom. ¼ grain.	2 75
11—PIL. PHOSPHORI CUM QUINIÂ ET DIGITALE CO.	Phosphori 1-50 grain. Quiniæ Sul. ½ grain. Pv. Digitalis ½ grain. Pv. Opii ¼ grain. Pv. Ipecac. ¼ grain.	2 00
12—PIL. PHOSPHORI CUM DIGITALE CO.	Phosphori 1-50 grain. Pv. Digitalis 1 grain. Ext. Hyoscy. 1 grain.	1 50
13—PIL. PHOSPHORI CUM DIGITALE ET FERRO	Phosphori 1-50 grain. Pv. Digitalis 1 grain. Ferri Red. 1 grain.	1 50
14—PIL. PHOSPHORI CUM CANNABE INDICA	Phosphori 1-50 grain. Ext. Cannab. Ind. ¼ grain	1 75
15—PIL. PHOSPHORI CUM MORPHIA ET ZINCO VALER.	Phosphori 1-50 grain. Morphiæ Sul. 1-12 grain. Zinci Valer. 1 grain.	2 00
16—PIL. PHOSPHORI CUM ALOE ET NUCE VOMICÂ	Phosphori 1-50 grain. Ext. Aloes Aq. ½ grain. Ext. Nuc. Vom. ¼ grain.	1 50
17—PIL. PHOSPHORI CUM ZINCO CO.	Phosphori 1-50 grain. Zinci Sul. 1 grain. Lupulinæ 1 grain.	1 50
18—PIL. PHOSPHORI CUM OPIO ET DIGITALE	Phosphori 1-50 grain. Pv. Digitalis ½ grain. Pv. Ipecac. ¼ grain. Pv. Opii ¼ grain.	1 50
19—PIL. PHOSPHORI CUM STRYCHNIA	Phosphori 1-50 grain. Strychniæ 1-60 grain.	1 50
20—PIL. PHOSPHORI CUM CANTHARIDE CO.	Phosphori 1-50 grain. Pv Nuc. Vom. 1 grain. Sol. Cantharidis Con. 1 ℳ.	1 50
21—PIL. PHOSPHORI CUM BELLADONNA	Phosphori 1-100 grain. Ext. Belladonnæ 1-8 grain.	1 50
22—PIL. PHOSPHORI CUM FERRO ET STRYCHNIA	Phosphori 1-100 grain. Ferri Carb. 1 grain. Strychniæ 1-60 grain.	1 50
23—PIL PHOSPHORI CUM QUINIÂ ET FERRO ET STRYCHNIA	Phosphori 1-100 grain. Quiniæ Sul. 1 grain. Ferri Redacti 1 grain. Strychnia 1-60 grain.	2 75
24—PIL PHOSPHORI CUM EXT: ACONITI	Phosphori 1-50 grain. Ext. Aconiti 1-16 grain.	1 50

PREPARED ONLY BY WM. R. WARNER & CO.

A New Remedy for the treatment of

ACNE, SCROFULA AND CUTANEOUS DISEASES

SUGAR-COATED PILLS OF SULPHIDE OF CALCIUM.

ONE-TENTH GRAIN	PER	100,	. . . . .	.50
ONE-QUARTER	"	"	"	.60
ONE-HALF	"	"	"	.75
ONE	"	"	"	$1.00

Prepared by WILLIAM R. WARNER & CO.

Obtainable from all Druggists or sent by mail on receipt of price.

[Extract from Dr. Howard Cane's Article in the London Lancet.]

From the great frequency of occurence of acne, and from its manifesting itself on the faces of individuals of both sexes, any therapeutic agent which promises success in this often intractable skin disease will be welcomed by most practitioners. I do not bring the sulphide of calcium forward as a new remedy in the treatment of this disease, for it was recommended some years ago by Dr. Sydney Ringer, but I wish to bring it more prominently into notice as a drug which will often prove of signal service in acne when other means have failed. The success which I attained in my first case which was of a most obstinate nature, led me to try it in others.

Case 1.—G. R——, a young lady, aged 19, has been troubled for the last five years with acne of the most severe kind When she first came to me, her face, especially the forehead was thickly covered with acne spots in all stages of development, the inflamed and suppurating papules being very numerous. She stated that she had been to three physicians in London, two of whom are eminent skin physicians. Inquiries into the state of her general health found it was excellent in every respect. Prescribed the sulphide of calcium of which I gave at first one-tenth of a grain four times daily. At the same time I directed her to hold her face over a vessel of hot water night and morning for some ten minutes or more, and then to rub the parts where the little black-topped comedones were very thick with a towel, after which she was to use as a face powder some precipitated sulphur, which I directed to be colored with Armenian bole. At the same time I gave minute and careful directions as to diet, etc., forbidding pastry of all kinds, all salt meats, and enjoined the frequent use of green vegetables, together with regular out-door exercise. At the end of a fortnight I saw her again, and found that there was a slight improvement, there were not many more inflamed papules, and the black-topped comedones were considerably fewer in number. I determined to persevere. I now ordered 1 10 grain to be taken six times daily, and to see me again in a fort night. At the end of that time I again saw her, and, though there was no very great improvement that I could see, still the patient declared she was better. I now increased the dose of the sulphide to one grain daily, and see me again in a fortnight. I now increased the dose to one-fourth of a grain six times daily, with a very excellent result; in another fortnight to half a grain six times daily; and at the end of another fortnight not only but few spots appeared, but they were much less inflamed than usual, and the others were rapidly disappearing, and the complexion was much clearer. To take one grain six times daily for another fourteen days. I then saw her again. From this time the progress was uninterruptedly good. No fresh spots appeared.

Case 2.—J. C——, a young lady 20 years of age, came to me for an eruption on the face which she had for a year, and which had gradually become worse. I prescribed the same diet and face powder, and gave the same directions as in case 1, but gave to begin with, one-fourth of a grain of the sulphide four times daily, gradually increasing the dose to a grain six times daily. At the end of six weeks she was nearly well, and in another month I saw her again, when she was quite cured. She had taken the sulphide in all two months, gradually diminishing the dose during the fort night. I may here say that this patient also had been taking various drugs for some months previously, but without any appreciable result.

I have before me notes of fourteen other cases treated exactly in the same way, but which I need not detail, as they were merely repetitions of the two given above. The result in eleven out of these fourteen were perfect, whilst in the remaining three, though great benefit was derived, the cure was not complete. I now always begin with a quarter of a grain four times daily, gradually increasing the dose to one grain six times daily, or according to the progress and severity of the case.

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MINIMUM DOSES FOR CHILDREN AND OTHERS.

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☞THESE ARE NOT INTENDED TO SUPPLANT THE USE OF PILLS AND GRANULES.

Price, 40 Cents per Bottle of 100 each.

Pocket-cases furnished with 20 varieties, for the use of country practitioners.

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Parv. Acidi Salicylici	"	1-10	"
Parv. Acidi Tannici	"	1-20	"
Parv. Aconiti Rad:	"	1-20	"
Parv. Aloin	"	1-10	"
Parv. Aluminis	"	1-10	"
Parv. Ammonii Chloridi	"	1-10	"
Parv. Antimonii et Potass. Tart:	"	1-100	"
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Parv. Arsenici Iodidi	"	1-100	"
Parv. Belladonnæ Fol:	"	1-20	"
Parv. Calomel:	"	1-20	"
Parv. Camphoræ	"	1-20	"
Parv. Cantharidis	"	1-50	"
Parv. Capsici	"	1-20	"
Parv. Digitalis Fol:	"	1-20	"
Parv. Ergotinæ	"	1-10	"
Parv. Ferri Redacti	"	1-10	"
Parv. Gelsemini Rad:	"	1-50	"
Parv. Hydrarg. cum Cretâ	"	1-10	"
Parv. Hydrastin	"	1-20	"
Parv. Iodoformi	"	1-10	"
Parv. Ipecac:	"	1-50	"
Parv. Morphiæ Sulph:	"	1-50	"
Parv. Nucis Vomicæ	"	1-50	"
Parv. Opii	"	1-40	"
Parv. Piperinæ	"	1-20	"
Parv. Podophyllini	"	1-40	"
Parv. Potassii Bromidi	"	1-5	"
Parv. Potassii Arsenitis	"	1-100	"
Parv. Potassii Nitratis	"	1-10	"
Parv. Quiniæ Sulphatis	"	1-10	"
Parv. Santonini	"	1-10	"

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President.

NON-HUMANIZED VACCINE VIRUS.

Owing to an increasing demand upon us for reliable vaccine material, we have made arrangements to furnish the profession with virus from one of the oldest and best known purveyors in this country. We shall keep constantly on hand a fresh supply of *heavily charged*

IVORY POINTS, ALSO PATENT SOLID LYMPH CONES AND OUTFITS.

These cones have given general satisfaction during the last two years, and are especially adapted to physicians wishing to keep a stock on hand for primary vaccinations or use in epidemics of variola, for the protection of schools, institutions, etc.

Each cone can be made to vaccinate two hundred or more persons and will retain its vitality from three to four months.

TERMS:—Ten Ivory Points, heavily charged..... $1 00
Single Points..... 20
One Lymph Cone with Outfit consisting of ten uncharged Ivory Points and small File 3 00

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SESSION OF 1879---'80.

FACULTY:

N. S. DAVIS, M. D., LL. D., DEAN, } Professors of
H. A. JOHNSON. A. M., M. D. } Principles and Practice of Medicine and of Clinical Medicine.

EDMUND ANDREWS, A. M., M.D., }
RALPH N. ISHAM, M. D, } Professors of Principles and Practice of Surgery, and of Clinical Surgery.

EDWARD W. JENKS, M. D., LL. D.,
Professor of Medical and Surgical Diseases of Women, and of Clinical Gynecology.

E. O. F. ROLER, A. M., M. D.,
Professor of Obstetrics and Diseases of Children.

SAMUEL J. JONES, A. M., M. D.,
Professor of Ophthalmology and Otology.

J. H. HOLLISTER, M. D., Cor. Secretary and Registrar, Professor of General Pathology and Pathological Anatomy.

J. S. JEWELL, A. M., M. D.,
Professor of Nervous and Mental Diseases.

H. P. MERRIMAN, A. M., M. D.,
Professor of Medical Jurisprudence and Hygiene.

WM. E. QUINE, M. D.,
Professor of Materia Medica & General Therapeutics.

MARCUS P. HATFIELD, A. M., M. D.,
Professor of Chemistry and Toxicology.

LESTER CURTIS, A. M., M. D.,
Professor of Histology.

R. L. REA, M. D.,
Professor of Anatomy.

HENRY GRADLE, M. D.,
Lecturer upon Physiology.

ROSWELL PARK. A. M., M. D.,
Demonstrator of Anatomy and Assistant to the Chair of Anatomy.

Graded Course of Instruction.

A graded system of medical instruction was adopted at the organization of this College twenty years ago, and for twelve years it was the only representative of a classified course in this country. The recommendation of this method of teaching by two Medical College Conventions, by the American Medical Association and by various State Medical Societies; and its more recent adoption by a number of other colleges, including some of the most prominent ones in the land; and its very general approval by the profession at large, afford gratifying evidence that this new departure was a movement in the right direction.

Requirements for Admission.

All applicants for admission are required to present evidence of graduation in some literary college, or certificates of attendance upon some scientific school or academy. If the applicant have neither diploma nor certificate, he must sustain a satisfactory examination as to his literary qualifications.

Advanced Standing.

Students who have read medicine for one full year, may enter upon the *Middle Course*, by sustaining satisfactory examinations upon the studies embraced in the Junior Course.

Students who have read medicine for two years, including attendance upon one full course of lectures in some recognized medical college, may enter the *Senior Course*, by sustaining examinations upon the subjects embraced in the Junior and Middle Courses.

The College Term.

A Preliminary course of Didactic and Clinical instruction, introductory to the general course, commences September 16th and continues till the commencement of the regular Session.

THE REGULAR COURSE of lectures commences Tuesday, September 30th, and will continue until March 30th, at which time the usual Commencement exercises will be held.

The Practitioner's Course,

Designed for practitioners, will commence March 31st, 1880, following the Commencement, and will continue till April 28th. This special course is arranged to meet a very general want, and will afford special advantages for a *rapid*, yet *thorough*, practical review of the most important subjects in medicine and surgery.

Clinical Advantages.

Mercy Hospital, with its very perfect appointments; the Dispensary and the College clinics offer an abundance of clinical material in every department of Medical and Surgical teaching. Over fourteen thousand patients were treated here during the *last year*.

In the Hospital every Senior student serves as dresser for an allotted term in the surgical wards, and receives a certificate to that effect.

Every Senior student has personal charge of one or more cases of obstetrics, under the immediate supervision of the Professor of Obstetrics.

In the Gynecological Department, where large numbers of females apply for local treatment, each Senior student is trained by the Professor in the minute details of examination and treatment of the medical and surgical diseases of women.

Physiological Laboratory.

Aided by the generous contributions of its alumni, this College is developing a PHYSIOLOGICAL LABORATORY, which will be opened for instruction during the present year.

PRIZES

Will be given by the Dean, for the best Thesis; by the Professor of Anatomy, a First Prize to the best Anatomist—open to all classes; Second Prize to the best Anatomist in the Junior Class; the Senn Prize, for the best Anatomical Preparation; and the Earl Prize, for the best Essay on Diseases of Children.

FEES.

Lecture Fees for the College Year, $75.00. Practitioners' Course, $30.00. Graduation Fee, $30.00. Registration Fee, $5.00. Demonstrator's Ticket, $5.00. Laboratory Ticket, $5.00. Hospital Ticket, $6.00.

For information concerning Text Books, Board, Seats in the College, requirements for Graduation, etc., consult the Annual Announcement, or address

PROF. J. H. HOLLISTER, M. D.,

TROMMER'S EXTRACT OF MALT.

The rapidly increasing demand for our IMPROVED EPTRACT OF MALT during the four years that it has been manufactured and offered to the medical profession in America, justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or moulding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expense of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops,** viz: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER OF HOPS, PHOSPHATES OF LIME and MAGNESIA, and ALKALINE SALTS.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœa, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly, SILAS H. DOUGLAS,
Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A single dose of the Improved Trommer's Extract of Malt, contains a larger quantity of the active properties of Malt, than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ lbs. of the Extract.

Our preparations of Malt are for sale by druggists generally throughout the United States and Canadas, at the following prices:

EXTRACT OF MALT, *With Hops (Plain)*	$1 00
" " " " *Pyrophosphate of Iron (Ferrated)*	1 00
" " " " *Cod Liver Oil*	1 00
" " " " *Cod Liver Oil and Iodide of Iron*	1 00
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" " " " *Hypophosphites*	1 50
" " " " *Iodides*	1 50
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" " " " *Citrate of Iron and Quinia*	1 50
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It produces dreamless, refreshing sleep, and is exceedingly valuable in all forms of Sleeplessness, Nervousness, Neuralgia, etc., and will generally relieve when Opiates aggravate or fail. It acts well in Epilepsy, Sick-headache, Convulsions and all forms of Colic. In the Restlessness, Delirium and Sleeplessness of continued fevers, *it is absolutely invaluable.* It gives satisfaction to both the Physician and his patient. Average dose, for adult, *one-half* to *one* fluid *drachm* in WATER or SYRUP every hour until sleep is produced.

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DR. HOUTS' PHYSICIANS' JOURNAL, CREDIT BOOK AND LEDGER, may be inspected at this office; Mr. C. A. S. Harris is duly authorized to receive subscriptions thereto. We can recommend it to all desiring such an article as being convenient, well designed and reasonable in price. Call and inspect it before purchasing. Price, strongly bound:

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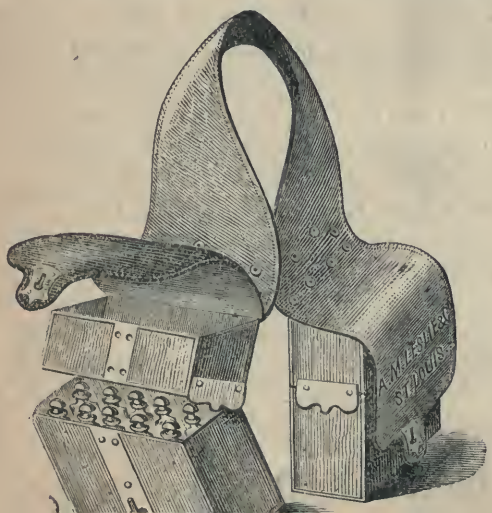

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NEW REMEDIES

RECENTLY INTRODUCED BY US.

Rhus Aromatica.

Highly recommended in the treatment of diabetes and other diseases of the genito-urinary organs, viz.: Hematuria, enureis (in both old and young), uterine hemorrhage, and as local applications in leucorrhœa, also in atonic diarrhœa and dysentery, and more especially summer diseases of children.

See article by Dr. McClanahan in the April number of *New Preparations*.

We offer this new remedy in the form of a fluid extract from the fresh bark of the root.

Folia Carobæ.

JACARANDA PROCERA (SPRENGEL). This new drug, from Brazil, is now attracting the attention of the profession in Germany as a valuable and effective anti-syphilitic. It is said to possess alterative, diuretic, sudorific and tonic properties, to a marked degree, especially in the latter particular. Hence its application to the treatment of syphilis, in all its forms.

The Carobæ may be continued advantageously with Iodide Potassium in cases distinguished by pains in the limbs. It is indicated in the cure of old syphilitic ulcers, to which it may be applied topically.

Cascara Sagrada.

RHAMNUS PURSHIANA. This is the bark of a tree indigenous to northern California and Oregon, known botanically as the Rhamnus Purshiana It has long been used on the Pacific coast among the Indians and old Spanish residents, as a remedy for habitual constipation, and other disorders of the alimentary canal. Many physicians write to us that they must have the Cascara *at any price*, as it has proved invaluable in their practice.

We cannot too strongly caution physicians and druggists to specify "P., D. & CO.'S," if they desire a preparation of the *true* drug, Rhamnus Purshiana.

Coto Bark.

The tree from which this bark is derived is a native of Brazil and Bolivia, though as yet we *cannot locate it botanically* Coto Bark was first tested clinically by Prof. Gietl, of Munich (Germany), who considered it a specific for diarrhœa in it various forms. Dr. Riecker, of Stuttgart, concurred in this. Prof. Baetz, of Tokio, Japan, in the *Centralblatt*, recommends it for malignant cholera. In Bolivia it is used for diarrhœa, colic, and neuralgic toothache, and externally in rheumatism and gout. It has been also employed in the sweating of phthisis, and typhus, catarrhal diarrhœa, gastric catarrh, pneumonia, uterine colic, acute articular rheumatism, cholera, cholera morbus, dysentery, night sweats, etc.

Five Flowered Gentien.

GENTIANA QUINQUE-FLORA. Among the many substitutes for quinine this plant is one of the most valuable. In many cases where quinine and other anti-periodics have proved futile, this remedy has been found very efficacious. In combination with hydrastis, it has been found an excellent tonic in depraved conditions of the digestive apparatus, increasing the biliary secretions and acting as a stimulant to the excretory organs In fevers in combination with gelsemium, and in derangement of the biliary organs in conjunction with leptandrin and podophyllin, it seems to increase the action of those agents.

Grindelia Robusta.

This remedy has been successfully employed in asthma, bronchial difficulties, iritis, vaginitis, and other diseases of the mucous surfaces. In combination with Yerba Santa it has also been found specially efficacious in bronchial affections. It is well known that many of the varieties of this family bear so close a resemblance to each other that it is difficult to distinguish between them, and the Squarrosa and other varieties are hence often unwittingly substituted for the Robusta. Our own supply is gathered for us under the direction of a competent botanist, and is known to be genuine.

Berberis Aquifolium.

The profession have long sought in vain for a remedy combining tonic as well as alterative properties. This preparation combines both in a marked degree, and has been proven by repeated trials to be a sure remedy in syphilis, salt rheum, tubercular affections, psoriasis, and all complaints occasioned by a vitiated state of the blood. Physicians should not condemn the remedy until our extract has been tried, as many spurious varieties—notably the Oregon grape plant—are being extensively sold for the true Berberis Aquifolium.

DESCRIPTIVE CIRCULARS.—We shall be happy to furnish, upon application, descriptive circulars giving the botanical history and therapeutical application of New Remedies recently introduced by us. We will also send, if desired, our price list, giving names and prices of nearly two thousand articles manufactured by us. ☞ *Send stamp for Price List and Circulars described above.*

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If you desire to procure any of our New Remedies, send for same to Richardson & Co., Meyer Bros. & Co., A. A. Mellier, Jacob S. Merrell, and G. K. Hopkins & Co., St. Louis; Arthur Peter & Co., R. A. Robinson & Co., Louisville; Wm. Litterer & Co., Nashville; R. Macready & Co., Reakirt, Hale & Co., Rauchfuss, Egner & Co., C. A. Nulsen & Co, and C. E. Potts & Co., Cincinnati, specifying "P., D. & Co.'s" in all cases by so doing you will ensure reliable preparations of the TRUE DRUGS.

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The most important of all the Springs of Kissengen which comprises all the curative properties is the Rakoczy. It is especially used in all diseases of the abdomen, which are caused by debility of the stomach, originating from irritations and weakness and constipation of the peristaltic motion, causing Piles, Habitual Constipation, Loss of Appetite, Winds, Colics, &c.

It is also used in troubles of Gall Stones and Diseases of the Liver, and Jaundice, and especially as a specific in obesity. It ought to be taken in tumblers of ½ pint each, starting at first with two and gradually rising to four. This quantity is sufficient to produce one or two evacuations which, with a majority of diseases in which the Rakoczy is used is sufficient.

EMSER SPRING WATER

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The Emser Mineral Water is used with good result in the catarrhal and other affections of the Mucous Lining of the Throat and Lungs. It is furthermore recommended by specialists in Europe for all female diseases, and particularly in cases of Hypertrophy and Swelling of the Uterus, and Sterility subsequent to this. The "Buben" Spring, especially, has a European reputation for these last diseases.

It is the one which is given to all patients who have a tendency towards miscarriage, or difficulties during menstruation.

According to our latest contracts with the proprietors of the different Springs, we get fresh shipments with every steamer, so as to be able to supply these waters in a quality not to be had formerly.

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Are to-day relied on by the Medical Profession in Germany, as the surest remedy in Diabetes, Diabetes Mellitus, and Diseases of the Kidneys.

They are likewise used as a specific almost for reducing Obesity.

They are a mixed alkaline, saline water of reliable healing quality in Liver and Bowel Complaints, and Diseases of the Prostate Gland.

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Carlsbad Sprudel Salt may be used either to assist the effects of the Carlsbad Water or as a remedy by itself. In the latter case the dose is one or two teaspoonfuls, either in a dry state or dissolved in water.

It dissolves rapidly and completely in warm water, and in this form a curative effect may be expected with more certainty. It is advisable to use water at a temperature of 30° to 40° R. This, however, does not exclude its being taken with cold water. The best time for taking the salt is in the morning, shortly before breakfast, fasting.

CARLSBAD SPRUDEL SOAP, for Psoriasis, Eczema, and Chronic Dermatoses, always on hand.

CARLSBAD SPRUDEL LOZENGES, representing in a light degree the qualities of the water, always on hand, FRESH IMPORTED.

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Apollinaris. Alkaline and Digestive. Pints and quarts, jugs and bottles		
Birmensdorfer Eisensauerling. Active Saline Cathartic, containing Iron--not weakening. Quart.	15 00	50
Carlsbader. Four Springs--Sprudel, Schloss, Muehl, and Theresian Brunnen. Specific against all Kidney Diseases, Diabetes Mellitus, Albuminuria, Gall Stones, Gravel, Catarrh of the Bladder, Gout, and Chronic Rheumatism, and Fatty Degeneration of Liver and Obesity. Quart	14 00	50
Carlsbader. Natural Spring Salt. ¼ lb bottles	100 00	200
Carlsbader. Sprudel Soap. ¼ lb. cakes	50 00	200
Emser Kraenchen. Containing Lithium, Iron, Iodine, and Phosphates Soda and Ammonium Salts--taken with hot milk--against Catarrh, Throat, and Chest Diseases. Quart	12 00	50
Friedrichs Haller. Bitterwasser, Alkaline Cathartic. Pint	4 10	24
Giesshuebler Sauerbrunnen. Agreeable Alkaline Water for weakened constitutions, particularly Stomachic Affections in Children and Delicate Women. Quarts	8 50	50
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Vichy. Alkaline digestive for slight Rheumatic troubles, less active than Apollinaris or Giesshuebler.	10 00	50
Wildungen Helenen & Ottoquelle. The most active mineral water for Diseases of Bladder and Prostate Gland, and most efficient solvent for Urates, Phosphates, and all Bladder Stones.	14 00	50
Sample Cases containing 1-12 dozen of each--22 jugs and bottles	5 00	

Circulars and Pamphlets will be sent free of charge on application to physicians and druggists. We are in receipt of mineral waters by every steamer, and they are continually fresh on hand--hence the advantage of ordering direct from us. SPECIAL QUOTATIONS GIVEN FOR QUANTITIES.